



# Health and Care Department



# Success Stories

# 2025

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# ACRONYMS AND ABBREVIATIONS

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<b>AMP</b>	Alliance for Malaria Prevention	<b>ITN</b>	Insecticide-treated net
<b>CAR</b>	Central African Republic	<b>LWF</b>	Lutheran World Federation
<b>CATI</b>	Case Area Targeted Intervention (cholera)	<b>MENA</b>	Middle East and North African Region
<b>CBS</b>	Community-based surveillance	<b>MSF</b>	Médecins Sans Frontières
<b>CCMC</b>	Community Case Management of Cholera	<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>CDC</b>	Centers for Disease Control	<b>NCP</b>	National cholera plan
<b>CFM</b>	Community Feedback Mechanism	<b>OCV</b>	Oral cholera vaccine
<b>CP3</b>	Community Pandemic Preparedness Programme	<b>PAHO</b>	Pan American Health Organization
<b>CSP</b>	Country Support Platform (cholera)	<b>PAMI</b>	Priority Area for Multisectoral Intervention
<b>DG ECHO</b>	Directorate General, European Civil Protection and Humanitarian Aid Operations	<b>PNS</b>	Partner National Society
<b>DRC</b>	Democratic Republic of Congo	<b>RCHIS</b>	Red Cross Red Crescent Health Information System
<b>EMS</b>	Emergency Medical Services	<b>REACH</b>	Resilient and Empowered African Community Health
<b>EPI-WIN</b>	WHO Information Network for Epidemics	<b>RCCE</b>	Risk Communication and Community Engagement
<b>ERU</b>	Emergency Response Unit	<b>SAA</b>	Sharm El Sheikh Adaptation Agenda
<b>ESAR</b>	East and Southern Africa Region	<b>SOFF</b>	Systematic Observations Financing Facility
<b>EVCT</b>	Ebola Vaccination Coordination Team	<b>SOP</b>	Standard Operating Procedure
<b>FAO</b>	Food and Agriculture Organization	<b>UHC</b>	Universal Health Coverage
<b>Gates Foundation</b>		<b>UKHSA</b>	UK Health Security Agency
<b>Gavi</b>	The Vaccine Alliance	<b>UNDRR</b>	United Nations Office for Disaster Reduction
<b>GTFCC</b>	Global Task Force on Cholera Control	<b>UNEP</b>	United Nations Environment Programme
<b>HLM</b>	High Level Meeting	<b>UNGA</b>	United Nations General Assembly
<b>IA2030</b>	Immunization Agenda 2030	<b>UNICEF</b>	United Nations Children's Fund
<b>ICG</b>	Coordination Group for Vaccine Provision	<b>UN OCHA</b>	United Nations Office for the Coordination of Human Affairs
<b>IM</b>	Information Management	<b>WASH</b>	Water, sanitation and hygiene
<b>IMS</b>	Integrated Model for Supervision	<b>WHO</b>	World Health Organization
<b>IPC</b>	Infection Prevention and Control	<b>WOAH</b>	World Organization for Animal Health



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SRCS

# INTRODUCTION

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The 2025 Success Stories of the IFRC's Health and Care Department highlights the Department's key achievements, progress, and strategic direction over the past year, showcasing advancements in Global Health Security, Global Health Protection and Universal Health Coverage, Global Water Security, and Transformative Partnerships.

This report reaffirms IFRC's commitment to community-based action in public health, water security, and resilient water systems, and embraces innovation in both health and water-system strengthening. It highlights how the IFRC, through National Societies, continues to strengthen integrated, people-centered solutions that advance equitable health and water outcomes for all.

The IFRC Water Systems Strengthening Unit made major progress in 2025 by operationalizing the Global Water Security Operational Direction 2024–2030 and supporting National Societies and regional teams in transitioning from traditional WASH programming to comprehensive water-security approaches. The Unit expanded its engagement in cholera-prone countries through new partnerships, such as ECHO SAIO, and strengthened government collaboration through the Country Support Platform. It backed seven WASH Emergency Response Unit deployments responding to floods, drought, oil spills, and earthquakes, while also supporting the Kenyan Red Cross in establishing a new WASH ERU for global deployment. Water-system rehabilitation efforts grew across emergency contexts, and innovative financing models—such as blended financing—helped deepen partnerships with governments, donors, utilities, and global water actors. Collectively, these achievements positioned water security as a core pillar of community resilience and public health across the IFRC network.

The 2025 Success Stores are aligned with the three pillars: **Pillar 1:** Global Health Security; **Pillar 2:** Global Health Protection and Universal Health Coverage; and **Pillar 3:** Global Water Security, and with three strategic areas: programmatic and response activities, existing and new partnerships, funding and human resources.

Though some berkads have been repaired in readiness to collect water when it rains, many more have been empty for months. The remaining water points and functioning boreholes are overcrowded with families and their animals. These is forcing them to spend more time at the water points and women are especially strained because they bring their children along and still have to cook for their families when they return home.

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# THE HEALTH AND CARE DEPARTMENT – GLOBAL SPEAKING EVENTS IN 2025

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The speaking engagements in which the Health and Care Director took part in 2025 included:

- 1. BOAO Forum China - July 2025**
  - IFRC participated as a speaker at the BOAO Forum for Asia session: Towards 2030: Sustainable Development and International Cooperation in Global Maternal and Child Health
  - Strengthening Global Health Governance to Collectively Push Universal Health Coverage
- 2. World Health Assembly 78 - May 2025**
  - Strengthening Regional Collaboration and Data Sharing to Address Cross-Border Health Emergencies: A Case Study of Mpox and Beyond
  - Health Financing: What now? What next? Insights from malaria, dengue & Neglected Tropical Diseases
  - Africa CDC CCM Taskforce Meeting on Community Health (Principals Meeting)
  - Advancing NCD Care in Humanitarian Settings Ahead of UNHLM 2025
  - WHO / IFRC Global Health Equity: A shared responsibility in addressing NCDs burden for all, including migrants and refugees
  - GHF Health Dialogue : “Scaling Impact: Climate & Health Solutions That Drive Change”
- 3. World Health Summit Berlin - October 2025**
  - Future Global Health Ecosystem
  - Climate Change and Health
  - Peace and Health
- 4. Panellist at HGHI’s 2025 Global Health Symposium**
- 5. Healthcare in Poly-Crises**
- 6. Strategic actions to accelerate WASH, waste and electricity services for climate resilient and sustainable health care facilities**
- 7. High Level Roundtable on Gender Equity in the HC Workforce by Women in Global Health**
- 8. Saving Mothers & Newborns in Crisis: An action oriented Roundtable**
- 9. Elimination of Malaria, Good Practice (Geneva Health Forum)**
- 10. Devex Progressive panel: how the changing nature of humanitarian crisis is impacting health**
- 11. Community Protection – high level side event**
- 12. Nursing on the Frontlines: Delivering Essential Care in Crisis and Conflict**
- 13. CCGH2025 Plenary Session: Global Health Security at a Crossroads: Challenges, Innovations and Canada’s Path Forward**
- 14. COP30 (Brazil, November)**
- 15. Climate, Health and Migration**
  - Climate, Health and Frontline workers
- 16. Asia Pacific Congress on Public Health (December, China)**
  - Climate Change and Health
- 17. Geneva AidEx - Water as a Catalyst for Peace**
  - Unlocking Collaboration Across the Humanitarian–Development–Peace (HDP) Nexus



Julia Francisco, a Red Cross volunteer, completes door to door advice on hygiene and malaria prevention in Praia Nova, Beira. © Peter Caton/DEC



**Pillar 1:**  
Global Health  
Security

# PROGRAMMATIC AND RESPONSE ACTIVITIES

## Community-based surveillance (CBS)

- **Enhanced CBS website**

As community-based surveillance (CBS) continues to gain interest and attention globally, it is important to document existing implementation, to share lessons learned and best practices as well as practical guidance and training materials. IFRC's [community-based surveillance website](https://cbs.ifrc.org/) (<https://cbs.ifrc.org/>) is used to share tools and experience within the IFRC network and externally. Relunched in 2023 and updated in 2025, the core content of the site is now fully available in English, French, Spanish and Arabic.



- **Early detection, early action, healthier communities**

In 2025, IFRC bid a fond farewell to one of its longest-running programmes—the Community Epidemic and Pandemic Preparedness Programme (CP3). In 7 countries, over 6,000 volunteers trained in epidemic control and community-based surveillance kept their communities safe and healthy, with over 22,000 infectious disease alerts detected and confirmed by government ministries, 2.2 million household visits to share life-saving information and 500 schools engaged through awareness campaigns since 2018. Between 2022 and 2025, the Programmatic Partnership between IFRC, 12 National Societies in Europe and 24 countries across Africa, Asia, Europe, Latin America and the Middle East and the Directorate General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) provided an opportunity for the IFRC Network to further scale-up Community-Based Surveillance activities.

- **CBS training in the Asia Pacific region**

In 2025, a Regional Community-Based Surveillance Coordinator and Emergencies Training was organized in Indonesia from 29 September to 3 October. It brought together 29 participants from 19 National Societies across the region to strengthen capacity for community-based early detection and rapid response to health threats. Facilitators included experts from Norwegian Red Cross, Australian Red Cross, Hong Kong Red Cross (Branch of the Red Cross Society of China), Danish Red Cross, IFRC Asia Pacific Regional Office, IFRC Country Cluster Delegation in Jakarta, and the Indonesian Red Cross. The training was organized by the IFRC Asia Pacific Regional Office Health and Care Team, with support from the Norwegian Red Cross and Hong Kong Red Cross (Branch of the Red Cross Society of China).

Shamillah has been trained to conduct community-based surveillance, educating 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. © IFRC

## Advocacy and Partnerships

- **CBS Community of Practice (CoP)**

IFRC is a member of the **Inter-Agency Community of Practice (CoP) for CBS**, which was established in October 2023 to foster collaboration, share experiences, and develop operational guidance at the global level. The CoP has convened nine times virtually, discussing technical and operational challenges, global guidance, tools, and future priorities. In response to the Mpox outbreak and its declaration as a Public Health Emergency of International Concern, WHO collaborated with IFRC and other CoP members to develop interim guidance emphasizing an integrated approach to community detection, reporting, risk communication, and related interventions. On 16<sup>th</sup> October 2025, WHO, IFRC and the Robert Koch Institute convened participants for a workshop on “Enhancing Global Partnership to Strengthen Country Capacity for Community Epidemic Detection and Response.”



- **Integrated Outbreak Analytics (IOA)**

IFRC is a core member of the Integrated Outbreak Analytics team, alongside US Centers for Disease Control (CDC), Médecins Sans Frontières (MSF), UNICEF and WHO. The team developed an [Integrated Outbreak Analytics \(IOA\) toolkit](#), published in March 2025, which provides practical guidance for applying IOA in humanitarian and emergency contexts. The toolkit is a resource applicable for emergency, preparedness, response, and recovery activities, particularly for those involved in enhancing data quality, analysis and use to support public health emergencies and outbreak responses at local, national, and international levels.

## Epidemic and Pandemic Preparedness and Readiness

- **Community Epidemic and Pandemic Preparedness Programme (CP3) (budget: 51M USD)**

Between 2018 and 2025, CP3, funded by USAID and with technical support from IFRC, empowered communities, Red Cross National Societies and key stakeholders in seven countries to prepare for, prevent, detect, and respond to disease threats. An [article](#), a [brochure](#) and a [video](#) provide further details on the programme's achievements and the legacy it will leave behind in countless communities around the world.



- **Programmatic Partnership with the European Union (budget for epidemic and pandemic preparedness and response: 49M euros)**

Through the [Programmatic Partnership with the European Union](#), 24 local Red Cross and Red Crescent Societies have worked between 2022 and 2025 to keep communities healthy and safe from epidemics and pandemics with technical assistance, advocacy support and coordination from IFRC and European National Societies. An [article](#), a [brochure](#) with seven inspiring success stories of National Societies' epidemic preparedness work in action and a [video](#) are available on the IFRC website.

- **Pandemic Fund**

In 2024 and 2025, IFRC collaborated with key partners, including WHO, Africa CDC, FAO and UNICEF among others to jointly develop and submit proposals to the Pandemic Fund established recently by the World Bank. **Three regional proposals were selected for funding in Africa, and one in the South-East Asia region** In a number of countries that were awarded single-country grants, Red Cross and Red Crescent National Societies are also actively involved in project implementation. Furthermore, IFRC initiated the accreditation process to become a World Bank's Implementing Entity to the Pandemic Fund in future rounds of funding.

- **United Against Dengue**

Dengue is a rapidly escalating public health crisis around the world. It is hitting the Asia region particularly hard, due, in part, to a combination of climate change and urbanization. In partnership with Takeda, a multinational pharmaceuticals company, IFRC launched the multi-year '*United Against Dengue*' alliance in 2025 which aims to support local action to protect communities from this deadly disease. Over three years, the United Against Dengue alliance aims to:

- **Educate communities about dengue** risks, symptoms, and prevention measures and enhance surveillance systems and early action protocols to support early detection of, and response to, dengue outbreaks by National Societies.
- **Advocate for sustained dengue prevention measures** with policymakers, medical societies, and community organizations.
- **Support communities at high risk of dengue** by responding to outbreaks and providing care and assistance to community members who fall sick.

- **Sharing eye-catching stories of success**

Throughout 2025, the IFRC consistently shared high-quality success stories on IFRC communications channels that demonstrate the impact of its programmes on communities, partners and societies. Highlights include:

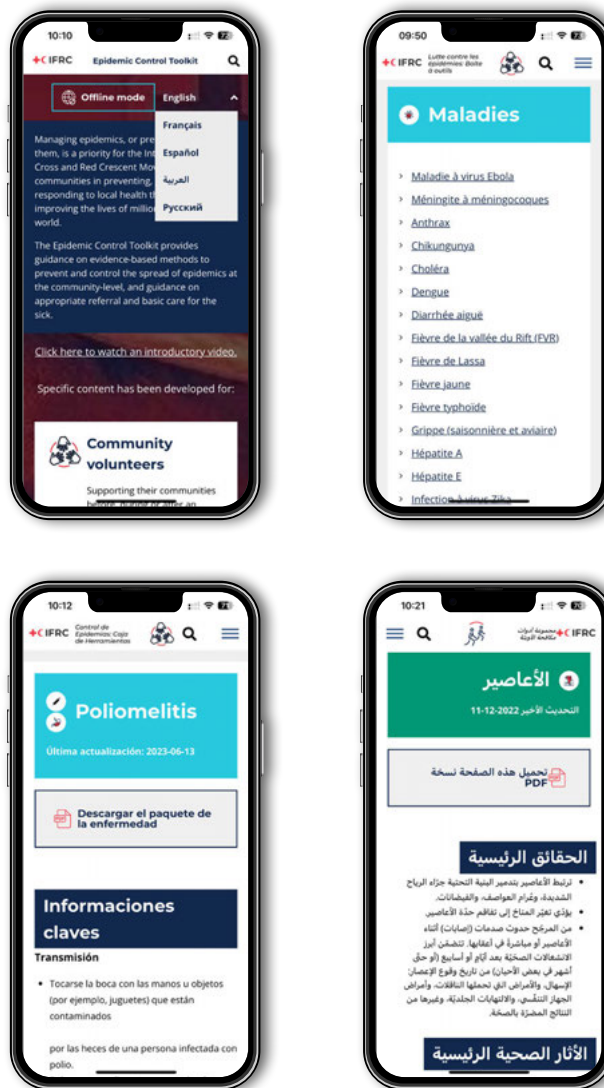
- **World Humanitarian Day:** 'If I can help my mother, I can help my community too' ([link](#))
- **Cameroon:** Early detection and action stop a measles outbreak in Cameroon ([link](#)). A simple solution keeping communities in Cameroon hydrated and healthy ([link](#))
- **Sierra Leone:** Halting a sheep and goat plague outbreak to protect livelihoods in Sierra Leone ([link](#))
- **Indonesia:** 'These cows are our hope': Stopping a foot and mouth disease outbreak in Indonesia ([link](#)). Early detection and action save young girl from dengue in Indonesia ([link](#))
- **Kyrgyzstan:** Protecting communities from epidemics in Kyrgyzstan's rural north ([link](#))
- **Guinea:** Guinea Red Cross supports rural community to build its own health post to prevent epidemics ([link](#))

- **Epidemic Control Toolkit**

IFRC's [Epidemic Control Toolkit](https://epidemics.ifrc.org) (<https://epidemics.ifrc.org>) is the go-to place for guidance on evidence-based methods to prevent and control the spread of epidemics at the community-level. At the end of 2025, the toolkit had reached 951,000 users and 1.6M page views since its launch in 2022. Content is frequently updated and available online and offline in multiple languages. In 2025, IFRC released improvements to user-friendliness and usability of the toolkit. To strengthen the One Health approach, additional content on animal health was added to existing tools, and new disease tools were developed for both volunteers and managers.

The toolkit's global footprint continued to expand in 2025, with Russia and India maintaining their positions as the top countries for user activity. Hispanic countries—Mexico, Colombia, Cuba, Venezuela, and Ecuador—remained key audiences, while France and Ukraine entered the top ten, reflecting a broader international appeal. Language trends also underscored the platform's global reach. English retained its lead as the most widely used language, with 110,362 users, followed by Spanish (91,495), Russian (79,451), French (35,030), and Arabic (15,496).

Screenshots of the epidemic control toolkit app in various languages



## Community protection

- **World Health Assembly: community protection side event**

The WHO Pandemic Agreement, which was adopted in May 2025, as well as the amendments to the International Health Regulations (IHR) that entered into force in September 2025 include specific requirements for engaging stakeholders and communities at the local level to improve epidemic detection and response. On 22 May 2025, IFRC, WHO and UNICEF co-organized a side event hosted at IFRC offices in Geneva during the World Health Assembly entitled ‘Community Protection: The Central Role of Community Workers and Civil Society in Health Emergencies’. Attended by more than 150 people both in-person and virtually, the session highlighted the vital contributions of local community actors in strengthening health emergency preparedness and response. Speakers also advocated for systematic investments in civil society and community workforce strengthening as a core component of national emergency preparedness and response strategies.



## Community Health Workers

- **Spectrum**

In alignment with the IFRC’s new strategic direction and framework 2030, community health workers (CHWs) worked and focused on extending the scope of health promotion and task shifting/ sharing.



Health promotion

Care in Communities

- **Global curriculum guide for CHWs**

IFRC Lead Health Security and Community resilience as the expert review panel member contributed, reviewed and supported finalization of the document. The finalization marks the end of a 3-year journey, guided by strategic insights and in-depth technical knowledge of more than 100 people across the globe.

- **REACH Initiative 2025**

The Resilient and Empowered African Community Health (REACH) initiative, in partnership with Africa CDC and IFRC, aims to strengthen community health systems and improve access to essential health services across all 55 African Union member states. This project focuses



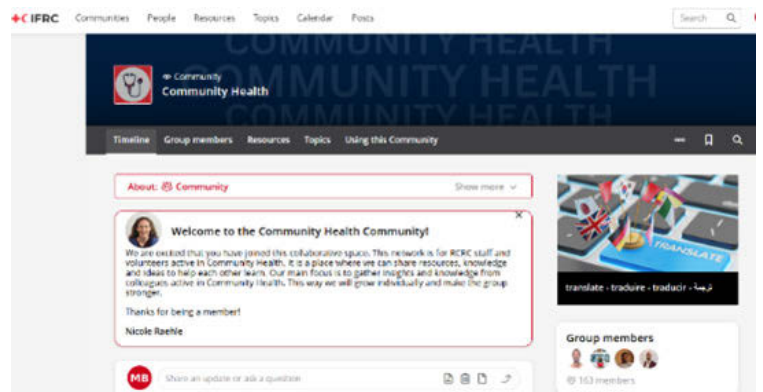
on scaling up community health workers (CHWs), enhancing community resilience, and building the capacity of national health systems. Through a phased approach, the initiative will recruit, train, and deploy 2 million CHWs to reach 500 million people, prioritizing underserved and vulnerable populations.

## Advocacy

- **Africa Health Agenda International Conference (Kigali, 2-5 March)**  
Head of Delegations attended to engage with MoH representatives.
- **WHA 78 Side event on Community Protection**  
The central role of community workers and civil society in health emergencies jointly organized by IFRC, WHO, and UNICEF with 565 registrants attended by 60+ people in person and 100+ virtually, 22 May.
- **BOAO Forum for Asia session**  
IFRC participated as a speaker at the Strengthening Global Health Governance to Collectively Push Universal Health Coverage, July 25, China.
- **Continental Coordination Mechanism Taskforce Meeting on Community health Systems, 23 September**  
IFRC participated in the Africa CDC Side Event at UNGA 80. It builds on the Africa Union's 2017 decision to prioritize Community Health Workers (CHWs) and the Two Million CHWs Initiative.
- **Panel discussion: Integrating Climate Action into Community Health Programming at the Canadian Conference on Global Health, 24th October**  
IFRC participated as a speaker to share the IFRC's experience and insights on Climate and Health and the REACH Initiative.
- **Canadian Science Policy Conference, 19 November**  
IFRC participated as a panel speaker to share the IFRC Community Health Programming with a focus on the REACH Initiative.

## CHW/Health Promotion

- **Community of Practice**  
With the support of Swiss Red Cross, Finish RC, Swedish RC and Norcross a Community of Practice for Community Health has been launched in January 2025. This platform enables NS to exchange and learn from each other. It served as resource library for community health material that is used by different National Societies.
- **Community Health and Climate Integration**  
Swedish Red Cross has elaborated simple material on Antimicrobial Resistance that can be used at community level. Two interns from Swedish RC have supported the elaboration of simplified behaviour change material and have expanded the behaviour change taxonomy with community-based health promotion material.



## Public Health in Emergencies

- **Public Health ERU South Sudan**

In South Sudan, a cholera outbreak started in September 2024 with a background context of floods, an uncontrolled epidemic in neighboring Sudan and population displacement. The outbreak was officially declared by the Ministry of Health in October 2024. As of January 2025, a cumulative total of 24,418 cholera cases and 475 deaths, with a case fatality rate (CFR) of 1.9% were reported.

The IFRC and Movement partners responded to support the South Sudan Red Cross (SSRC). In January, the Public Health Emergency Response Unit Community Case management of Cholera (PH ERU CCMC module) was requested and deployed subsequently. The Swiss Red Cross led the deployment, in collaboration with Canadian, German, Norwegian and Spanish Red Cross. This was the first time of a deployment to a conflict affected country.

### Key Achievements January to May 2025

- 19 Oral Rehydration Points (ORPs) installed in 8 regions
- 13,414 people reached through the ORPs
- 152 volunteers trained in ORP management
- 45 ORP trainers trained
- 11 National Society staff trained
- 20 ORP kits locally procured



There were **29 epidemic response DREF operations**; a 50% increase over 2024. These responses supported 20 countries, targeting over **9 million people** and with a total budget approved of over **11 million CHF**.



Of the **29 DREF operations**, **23** were in Africa Region; **2** in the Americas; **2** in Asia Pacific and **2** in Europe.



Additionally, **1 full Early Action Protocol** and **4 simplified Early Action Protocol DREFs** were approved in 2025.



**14 Public Health in Emergencies profiles deployed via surge in 2025.**

Supporting responses to cholera, Ebola, Marburg, dengue, mpox, and polio, as well as general public health in emergencies support for non-health emergencies in Africa and the Americas.

- **A joint Community Based Surveillance (CBS) in Emergencies**
  - ✚ Training and CBS Coordinator training took place in Indonesia in October 2025.
  - ✚ This training was co-hosted by IFRC, Norwegian Red Cross, and Hong Kong Red Cross.
  - ✚ 29 participants from 19 National Societies across the region attended the training, with the aim to strengthen regional capacities in CBS and to build a pool of deployable CBS profiles.
  - ✚ There were no CBS profiles requested as surge in 2025 in the region. IFRC PHiE team supported curriculum adaptation, participant selection, planning and mentor and facilitator selection and briefings via remote support.
- **Public Health Community Case Management of Cholera ERU Training**

Community Case Management of Cholera (CCMC): Swiss Red Cross ran a CCMC ERU training in October 2025 based on the updated CCMC ERU handbook taking into considerations lessons learned from the South Sudan deployment in early 2025. The facilitation team was made up of Swiss Red Cross, Norwegian Red Cross and IFRC PHiE and WASH teams.
- **Safe and Dignified Burials (SDB) pilot training**

Canadian Red Cross hosted the first ever SDB ERU training in November 2025. The facilitation team was made up of Canadian Red Cross, Uganda Red Cross, and IFRC PHiE teams.

↑ In response, the South Sudan Red Cross (SSRC) and IFRC, with support from the Swiss Red Cross, deployed an Emergency Response Unit (ERU) to support outbreak control through case management, WASH interventions, and community awareness. © SSRC, IFRC



## Clinical Care in Emergencies



- **Acceleration of the Red Channel:**  
A joint workplan was developed across all participating Partner National Societies (PNS) to jointly accelerate the process of Classification and deployment of ERUs in 2026, highlighting the enhanced engagement and interest of PNS to move forward with the classification of ERUs. For 2026, eleven PNS will be moving forward with the process and others have shown interest.
- **Finnish Red Cross Classification Achievement**  
Successfully classified the Finnish Red Cross as Emergency Response Unit (ERU) Type 2, ERU Type 1 fixed clinic and ERU Type 1 mobile clinic under the Red Channel Agreement.
- **Expression of Interest**  
The Norwegian Red Cross, the Red Cross Society of China and the Saudi Red Crescent Society have all submitted an Expression of Interest to enter the process for the Classifications of ERUs under the Red Channel Agreement.
- **Development of tools and guidance**  
An IFRC Classification Toolkit has been developed with the tools and guidance needed to accelerate the verification and classification process. It is already in use with the PNS moving through the verification process and well appreciated.
- **Emergency Mobile Clinic Emergency Response Unit deployment: Myanmar**  
On 28th March 2025, a massive 7.7 magnitude earthquake struck central Myanmar, causing widespread devastation across five regions; Sagaing, Mandalay, Southern Shan, Naypydaw and Bago. As of April, over 3,700 people lost their lives and more than 200,000 were displaced.

In response, the IFRC issued a deployment order on April 8 for Japanese Red Cross Society (JRCS) to send an ERU Emergency Mobile Clinic to support the Myanmar Red Cross Society (MRCS).

### Key activities and achievement

1. **Support for MRCS mobile health team on site and remotely**  
JRCS ERU supported MRCS mobile health team, which provided medical services to around 100 patients/day on average in Sagaing from April to June 2025, both in Sagaing and from Yangon.
2. **Develop IEC (Information, Education & Communication) materials and provide training to MRCS staff**  
JRCS ERU developed materials of wound care, health and hygiene promotion, etc. in local language and provided MRCS mobile health team (5 staff members and several volunteers) with training.

### 3. MHPSS

Under the coordination of MHPSS RR Coordinator, JRCS ERU staff provided MHPSS activities for children at the MRCS mobile health site and supported the MRCS MHPSS training organized for around 40 participants (MRCS volunteers).

### 4. ERU material handover

JRCS ERU handed over its ERU equipment (medical supplies, medicines, etc./3.5 tons in total) to MRCS for further MRCS health activities.

- **Emergency Mobile Clinic ERU deployment: Jamaica**

Hurricane Melissa made landfall in southwestern Jamaica near New Hope as a Category 5 storm with sustained winds of approximately 185 mph (295 km/h), putting it among the most intense Atlantic hurricanes on record, and one of the strongest to hit the island in modern history.

Upon striking, the storm brought catastrophic winds, storm surge and torrential rainfall totalling up to 1 000 mm (40 in) in mountainous areas — triggering widespread flooding and landslides.

Within ten days of the start of the operation, it became clear that health facilities across the heavily impacted areas had been damaged to varying degrees and health services severely disrupted. Resulting from a request from the Ministry of Health and Wellness (MOHW), the IFRC was asked to provide mobile health clinics to support the struggling primary health care system. The Canadian Red Cross Health ERU was deployed, and an operational model was agreed with MOHW. Two mobile units were operational in Westmoreland, providing primary health care in rotating sites as determined by the Western Regional Health Authority. Non-Communicable Diseases are a large concern in Jamaica and the limited access to primary health care has made it difficult for many people to maintain their health without regular checkups and prescriptions. Also, the ongoing Leptospirosis outbreak highlights the fragile state of healthcare provision and the need for targeted health messaging, which is being rolled out with distributions and with the clinical team.

On 20 November, the Jamaica Red Cross visited the communities of Forest and Golden Grove to distribute shelter kits, food items, water, blankets, and tarpaulins to people affected by Hurricane Melissa. Volunteers moved through the impacted areas providing essential supplies to help families begin recovering from the extensive damage caused by the storm.  
© Damien Naylor/IFRC



# EXPANSION OF EXISTING PARTNERSHIPS AND NEW PARTNERSHIPS

## Community-based surveillance

- **CBS Community of Practice (COP)**

A new COP for CBS was launched with WHO and partners. A COP involves a group of practitioners with common concerns and interests who join together to discuss and share problems and solutions.



- **Integrated Outbreak Analytics**

IFRC became a core member of the Integrated Outbreak Analytics team, alongside US Centers for Disease Control (CDC), Médecins Sans Frontières (MSF), UNICEF and WHO.

## Community health workers

- **Italian Government**

Developed a comprehensive proposal for implementation of REACH initiative in three countries: Burkina Faso, Ghana and Kenya, submitted to the Italian Government.



- **Master Card Foundation**

Central African Red Cross Society received funding support from Master Card Foundation for the implementation of REACH activities. The IFRC proposed intervention design advances the continental REACH program and the country strategies by contributing to empowering community health workers in Central Africa Republic (CAR) to drive national health goals, strengthen systems, and create resilient communities.

- **China International Development Cooperation Agency (CIDCA)**

The REACH proposal covers Morocco, South Sudan, and Togo, targeting 2,100 CHWs (700 per country) and reaching over 1 million beneficiaries over two years. Outputs include CHW recruitment, training, emergency preparedness, and integration into national health strategies. This proposal directly supports the scale-up of people-centred, community-based health systems and aligns with CIDCA's health development priorities in Africa.

## Clinical Care and Public Health in Emergencies



- **Strengthening IFRC's medical Emergency Response Units (ERUs)**  
The Red Channel Memorandum of Understanding between the IFRC and WHO is an agreement to strengthen the delivery of health and emergency medical services by the IFRC medical ERUs during a humanitarian crisis. IFRC sits on the Strategic Advisory Group of the WHO EMT Initiative and contributes to several technical working groups.
- **Global Health Cluster**  
IFRC has had a longstanding close collaboration with the Global Health Cluster. In 2025, the Lead, Clinical Care and Public Health in Emergencies was selected by the Health Cluster community to sit on the Strategic Advisory Group to represent the NGO/Non-UN Operation Agencies constituency.
- **Integrated Outbreak Analytics**  
IFRC continues to serve as a core member of the Integrated Outbreak Analytics team, alongside Médecins Sans Frontières (MSF), UNICEF and WHO. The IOA toolkit (<https://www.integratedoutbreakanalytics.net/projects/ia-toolkit>) was published in September 2025. The PHiE team contributed to content development and technical review, as well as to the toolkit launch.
- **GOARN (Global Outbreak Alert and Response Network)**  
IFRC continues to be an active member of the GOARN network, as well as a member of the GOARN Steering Committee. In this capacity weekly operations calls, two steering committee meetings, and a global partners meeting were attended in 2025.

• Larkana, Sindh province. PRCS and IFRC teams work together to distribute relief items to people impacted by the floods. This includes tents, blankets, and tarpaulins. The IFRC has deployed a Relief ERU to support distribution of food and non-food items to communities across Pakistan. © Katie Hoper/IFRC



# FUNDING AND HUMAN RESOURCES

## Community health workers

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- **Italian Government**

Developed a comprehensive proposal for implementation of REACH initiative in three countries: Burkina Faso, Ghana and Kenya, submitted to the Italian Government.



- **Master Card Foundation**

African Red Cross Society received funding support from Master Card Foundation for the implementation of REACH activities. The IFRC proposed intervention design advances the continental REACH program and the country strategies by contributing to empowering community health workers in Central Africa Republic (CAR) to drive national health goals, strengthen systems, and create resilient communities.

- **China International Development Cooperation Agency (CIDCA)**

The REACH proposal covers Morocco, South Sudan, and Togo, targeting 2,100 CHWs (700 per country) and reaching over 1 million beneficiaries over two years. Outputs include CHW recruitment, training, emergency preparedness, and integration into national health strategies. This proposal directly supports the scale-up of people-centred, community-based health systems and aligns with CIDCA's health development priorities in Africa.

## Clinical Care in emergencies

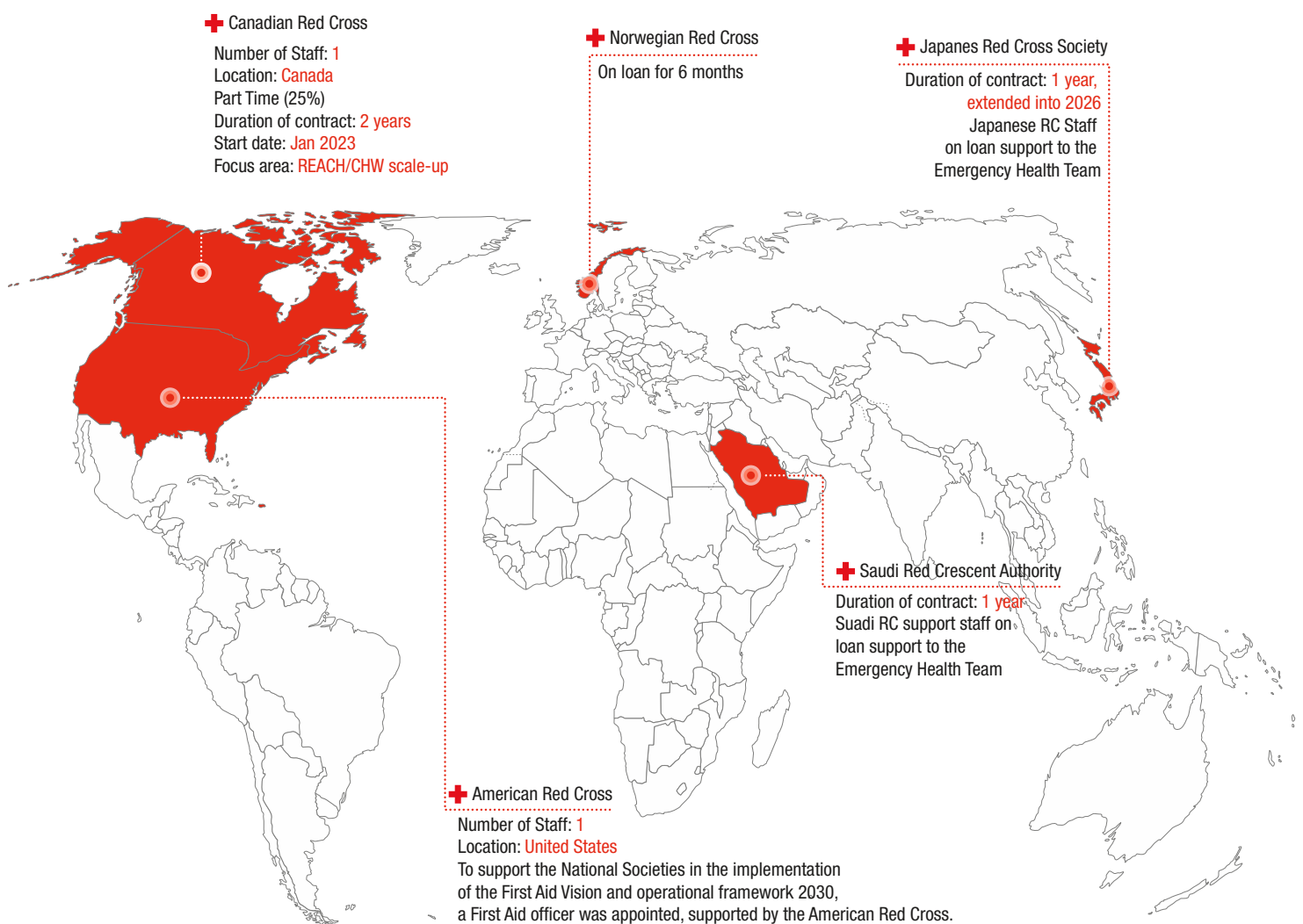
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- The Emergency Health team received human resource support through internships (Princeton University and Hong Kong University) and Staff on loan positions (Japanese Red Cross, Norwegian Red Cross and Saudi Red Crescent.)





# HUMAN RESOURCE SUPPORT FROM PARTNER NATIONAL SOCIETIES





**Pillar 2:**  
Global health  
protection/  
universal  
health coverage

# PROGRAMMATIC AND RESPONSE ACTIVITIES

## Climate

- **Climate change and health**

In 2025 the IFRC secured approval for the Green Climate Fund concept note supporting five countries in Africa Region with evidence-based technical content, marking a significant milestone.



The IFRC Strengthened the Red Cross and Red Crescent Network voice on migration, climate and health by actively participating in the Migration European Hub-Lancet initiatives and ensuring the Red Cross and Red Crescent comparative advantage was highlighted.

Through ATACH (Alliance for Transformative Action on Climate and Health ) and COP meetings and contributions to the Sharm Adaptation Agenda, the IFRC network played a key role in shaping global health adaptation indicators

In response to the growing intersection between climate change and public health, a targeted training was conducted to strengthen climate-sensitive harm reduction services for people who use drugs. Training was organised together with Red Cross and Red Crescent Partnership on Substance Abuse in Rome for National Societies in Africa The training addressed the increasing risks posed by extreme heat, flooding, displacement, and service disruptions, and equipped service providers with practical strategies to adapt harm reduction programs accordingly.

The IFRC Network and its member National Societies provide key health services, from basic health promotion to clinical care, and comprises thousands of facilities owned and operated by the National Societies. These include small primary healthcare posts, as well as major regional hospitals. National Societies are uniquely placed to support people and communities with their extensive network of local branches and their millions of volunteers. The IFRC Network contributes to community resilience, multi-hazard preparedness, readiness, anticipatory and early action, response and recovery efforts at the local, national and global levels. The program will work closely with the WASH sector, in the knowledge that WASH services in healthcare facilities can save millions of lives and billions in economic losses.

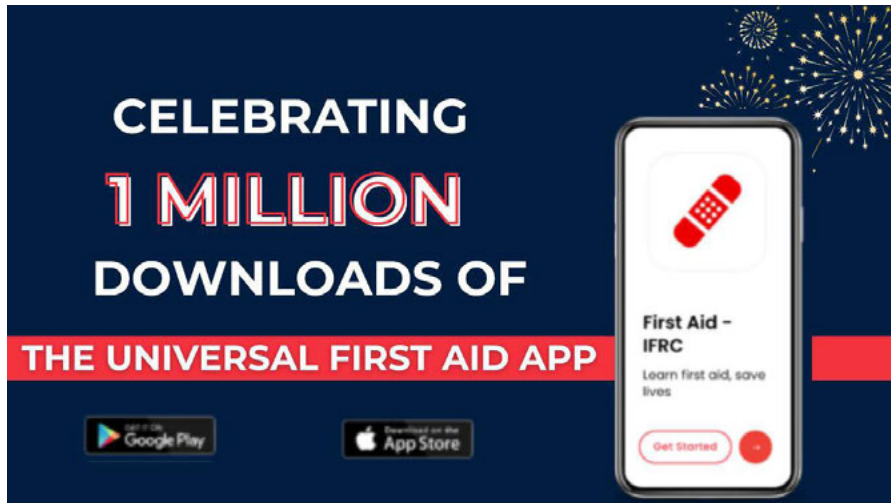
Hasakeh, Syria, 31 October. In Hasakeh, Syrian Arab Red Crescent ambulances have transported more than 3500 patients since the beginning of 2021. SARC first aid squads continue to respond to all emergencies in the region.

© Syrian Arab Red Crescent

## First aid and Resuscitation

- **Enhancing Digital Reach**

The IFRC Universal First Aid App exceeded 1 million downloaded, delivering reliable, accessible and easy-to-use first aid guidance for everyday to emergency situations and demonstrating strong global demand for inclusive, practical, and widely available tool.



- **Launching of The IFRC First Aid World Cup**

Co-organized by the Dubai International Humanitarian and Development (DIHAD) Sustainable Organization and the International Federation of Red Cross and Red Crescent Societies (IFRC), the First Aid World Cup is a global platform advancing innovation in First Aid and Resuscitation. It gathers outstanding talents from the Red Cross Red Crescent network to the world stage to compete, collaborate, and catalyse a new era for first aid. The First Aid World Cup will feature three challenges, where NSs will showcase and demonstrate their expertise and knowledge across various thematic areas.

A total of 83 National Societies expressed interest in joining the three challenges. To ensure global participation, the competition will commence with regional qualifiers, held virtually by each global region in February 2026. Successful teams will then advance to the global finals at DIHAD event in Dubai in May 2026.

- **Capacity building of National Societies as Global and regional level Training of Trainers (ToT) Programs** in Palestine (2 phases), Senegal, (West Africa), Algeria, Libya, Moldova and the Caribbean region, strengthening NS sustainable FA education systems, fostering exchange, and trainers networks.

- **International First Aid Attestation (IFAA)**

**Broadening reach:** Five National Societies—Argentina, Burkina Faso, Burundi, Georgia, Romania—received IFAA awards in 2025.



The annual IFAA Representatives Workshop aligned priorities, while a MENA-region training for Arab-speaking countries advanced harmonisation and capacity.

- **Sustainability & Commercial Models** Initiated a large-scale Commercial First Aid consultancy with the Benin Red Cross, analysing financial, commercial, and marketing aspects to develop a practical toolkit for sustainable service delivery.

- **Regional & Global Engagement**

Participated in **the 3rd Arab Resuscitation Council Conference:** (Dubai, October 2025), where experts, practitioners, and first aid advocates from across the Arab world came together to advance lifesaving skills and regional cooperation in first aid and resuscitation science.

- **IFRC Global First Aid Mapping Survey in the Red Cross and Red Crescent Network**

To provide a better understanding of practices in the FA field, track developments over the years and identify emerging trends within the network, providing an essential knowledge base to effectively support the implementation of the IFRC's First Aid Vision 2030. The results presented in this report reflect data provided by 126 National Red Cross and Red Crescent Societies



provided by 126 National Red Cross and Red Crescent Societies  
 ↘ In 2023, **22.4 million people** worldwide were trained in first aid by NS

↘ **Each NS trainer trained an average of 150 people.**

↘ Number of active trainers worldwide within NS that participated in the survey: **149,467**

- **World First Aid Day 2025 Theme**  
**“First Aid and Climate Change”** – campaign emphasized preparedness for climate-related emergencies (floods, heatwaves, wildfires) and urged communities to build lifesaving skills.



## Life course approach: Healthy ageing

- **Global Mapping of RCRC Network on Healthy Ageing**  
 The IFRC has launched a comprehensive global survey to assess the activities, needs, and outcomes of Healthy Ageing initiatives across the Red Cross and Red Crescent network. The survey was launched in October 2025. This initiative aligns closely with the priorities outlined by the World Health Organization (WHO) and the UN Decade for Healthy Ageing (2021–2030), which emphasizes the importance of fostering healthy ageing worldwide. Data collection is currently ongoing, with a total of 60 National Societies participating. Survey Link: [Global Mapping Life Course Approach: Healthy Ageing 2025](#).



### Capacity Building

- **Healthy Ageing Practitioner Training for Maldivian Red Crescent, 18-20 November 2025**



20 participants from MRC units (Kulhudhuffushi City, Velidhoo, Male’ City, Gadhdhoo, Addu City) were trained using the IFRC Healthy Ageing Toolkit. The program equipped volunteers with skills to promote healthy ageing, prevent age-related issues, and create supportive environments in response to Maldives’ ageing demographics.

- **Asia Pacific Webinar (28 July 2025)**

IFRC presented the Healthy Ageing Strategy and Operational Framework 2030 at the IFRC Asia Pacific Regional Office's Healthy Ageing Skill Share Series webinar on: 'Demographic Transition in Asia-Pacific – Ageing Populations and Their Consequences,'

### Advocacy and Partnerships

- **Roundtable Briefing at the British Embassy Berlin**  
on "Supporting Healthy Ageing to Unlock the Longevity Economy in Germany and Beyond," 13 October 2025.
- **UN Decade of Healthy Ageing**  
Strengthened advocacy and partnership efforts through collaboration with the World Health Organization (WHO) and the Anti-Ageism Core Working Group to support the implementation of the UN Decade of Healthy Ageing Action Plan (2021-2030).
- **WHO Global Campaign to Combat Ageism**  
The IFRC actively supported the World Health Organization's global campaign to combat ageism, contributing to a significant international effort to promote positive perceptions of aging and enhance the rights of older individuals. This involvement underscores the IFRC's commitment to addressing age-related challenges and advocating for the well-being of older populations.
- **IFRC and HelpAge International**  
Established bi-monthly meetings with HelpAge International to advance joint strategies, dialogue, and resources for healthy ageing. These 2025 efforts reinforced the IFRC's commitment to inclusive, evidence-based healthy ageing, empowering National Societies, combating ageism, and fostering intergenerational solidarity in **humanitarian and development contexts.**

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### Life course approach: Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health (SRMNCAH)

- **Advocacy**  
BOAO Forum China, (July 2025): IFRC participated as a speaker at the BOAO Forum for Asia session: Towards 2030: Sustainable Development and International Cooperation in Global Maternal and Child Health.
- **Tools Development**  
Evidence-based care in communities service delivery packages: IFRC developed evidence-based care in communities service delivery packages for community-based management of Sexual, reproductive, maternal, neonatal, child and adolescent health (SRMNCAH) in all settings, namely development, emergencies and protracted crises/ fragile settings.



## Immunization

- **IFRC Global Immunization Achievements**

The IFRC-Geneva Immunization Team provides critical coordination and technical guidance across the global immunization landscape, leading programming in fragile, conflict, and vulnerable (FCV) settings through diverse funding including US CDC, Gavi, and American Red Cross. Through IFRC's contribution to the International Coordinating Group (ICG) on Vaccine Provision, includes the coordination of emergency vaccine allocation across four stockpiles (cholera, Ebola, yellow fever, meningococcal). In 2025, the ICG reviewed 70 emergency vaccine requests, approving deployment that protected over 63 million people: 57 cholera requests from 16 countries (protecting 57,009,399 people), emergency approval of 52,540 Ebola doses for DRC, 7 meningitis vaccine requests from 5 countries (protecting 3,627,572 people), and 5 yellow fever requests (protecting 2,657,989 people). IFRC Immunization led development of the "Immunization in Fragile, Conflict, and Vulnerable Settings" section of the IA2030 Mid-Term Review, highlighting that FCV countries, while representing only 24% of global births, are home to over half of all zero-dose children. This strategic input advanced critical IA2030 recommendations including ring-fencing funding for FCV settings (recognizing higher operational costs of \$115-\$197 per child versus \$73 in stable settings), integrating immunization with humanitarian strategies, and strengthening



partnerships with local actors who can leverage community trust and negotiate access. During Gavi's transition to its 6.0 strategic period (2026-2030), IFRC-Geneva engaged in partner advocacy for the Gavi replenishment (June 2025), Gavi Board Meetings (June and December 2025), and key policy consultations. This advocacy likely contributed to several critical achievements: consideration of 10% of all Gavi resources going to countries earmarked for CSOs (including IFRC network) from 2026-2030; advocacy for 35% of Gavi 6.0 resources allocated to fragile and conflict-affected countries with stable cash support for health system strengthening despite 20-40% reductions for other countries; preservation of the Gavi Resilience Mechanism for humanitarian partners responding to health emergencies; expansion of fragility support to lower middle-income countries like Lebanon and Gaza; and development of new grant management approaches in fragile settings with higher risk tolerance, faster procedures, and streamlined requirements. Through the Measles and Rubella (MR) Country Platform established in June 2025, the team coordinated deployment of technical consultants supporting Ministry of Health's (MOH) measles and rubella outbreak and prevention efforts, or rubella-containing vaccine (RCV) introduction planning for 13 countries, preparations for 2026 TA deployments across at least 3 regions, and laboratory network strengthening. Through comprehensive program oversight spanning Pakistan and Afghanistan (routine immunization strengthening in polio-affected areas), DRC (polio and Ebola response), Gavi-supported activities in Mali, Gaza, Lebanon, Bangladesh and Afghanistan, measles and rubella support through the MR Country Platform, and cholera prevention and response with oral cholera vaccines (OCV) across Africa, IFRC positions itself as an indispensable partner for reaching the most vulnerable populations and advancing global health security and IA2030 equity goals.

- **Measles and Rubella (MR) Country Platform**

Established in June 2025 with over \$1.6 million in funding from the American Red Cross and US CDC, the IFRC MR Country Platform provides technical assistance to countries, regions, and global networks through deployment of technical consultants to support critical vaccination activities and engagement of Red Cross/Red Crescent National Societies in coordinating committees and social mobilization during campaigns. Working in close coordination with the Measles & Rubella Partnership (M&RP), the MR Country Platform recruited roster members and successfully deployed consultants to support priority measles outbreak prevention activities. In Chad, two consultants (one international, one national) were deployed in November 2025 to support the MOH) December nationwide measles vaccination campaign in Mayo-Kebbi Est and Tandjile Provinces. The consultants provided direct support for campaign preparations including updating readiness assessment tools, reviewing micro-plans, identifying strategies for hard-to-reach populations, and training supervisors. Post-campaign results showed 540,367 children aged 9-59 months vaccinated against a target of 467,990 (115% administrative coverage), with 2,981 zero-dose children reached and 5,687 nomadic individuals among hard-to-reach populations vaccinated. The MR Country Platform engaged a consultant to synthesize country-specific RCV introduction scenarios for the 13 countries that have not yet added RCV to their routine vaccine schedules, weighing pros and cons using epidemiology, program readiness and mathematical modeling evidence. Plans for early

2026 include deploying two international consultants to support the nationwide MR introduction campaign in DRC, with one supporting national coordination in Kinshasa and another deployed to Équateur province, one in Nigeria, ongoing planning with key partners across 3 regions, and deploying laboratory consultants to strengthen capacity at regional and country level laboratories within the Global Measles and Rubella Laboratory Network.

• **Volunteer success story**

My name is Mohamed Traoré. I am a teacher and I am 41 years old. I live in the teachers' city of the village of Dalaba, a small rural village in the Keniénifé health area in the Séféto health district.

Yes, my family was displaced once because of the flood that devastated the city.

Since May 2024, after receiving training from volunteers of the "Vaccination Support" project of the CRM. Its objectives and the principles of CRM that inspired me to join the Red Cross. I too decided to contribute to health promotion through the Red Cross project.

We provide clear messages about the importance of vaccination.

The information (animation themes) that we learned during the training, namely:

- The importance and benefits of vaccination
- Rumours about vaccination
- Monitoring the child's immunization schedule
- Proper storage of the vaccination card
- Expanded Programme on Immunization (EPI) target diseases
- Vaccination of adults with comorbidities against corona virus disease.

Yes, at the beginning, it wasn't easy, because of the misunderstanding, the lack of will of some parents. Rumours about vaccination and many other reasons made people refuse vaccination. But with the various awareness-raising sessions and home visits, we managed to overcome these difficulties.

Because it is thanks to these awareness-raising activities and home visits that we manage to get clear messages on vaccination. Also, we



“ Since May 2024, after receiving training from volunteers of the “Vaccination Support” project of the CRM. Its objectives and the principles of CRM that inspired me to join the Red Cross. I too decided to contribute to health promotion through the Red Cross project. We provide clear messages about the importance of vaccination.”

manage to mobilize mothers and direct them to health centers.

Yes, the community trusts me because given the importance of the Red Cross' activities in collaboration with our CCom, people take us seriously.

Because I see that there is a good mobilization of the community in favor of vaccination now. At the moment I am proud, and I understand that my help is bearing fruit.

- **Gavi-supported immunization in fragile and humanitarian settings**

In 2025, IFRC-Gavi partnership expanded by more than \$2.5 million despite Gavi's transition year, implementing projects in 5 contexts (Afghanistan, Mali, oPt, Lebanon, and Bangladesh). In Mali, the Mali Red Cross (CRM) continued routine immunization activities in 225 health areas across 6 regions despite significant insecurity including an al-Qaeda affiliated fuel blockade. CRM volunteers identified 15,919 zero-dose children and 14,004 under-vaccinated children in isolated, conflict-affected and nomadic communities, vaccinating 13,030 children with Penta1 and 11,668 children with Penta3. In Kidal health district, a region under Islamic armed group control for a decade with continuing conflict and displacement, CRM exceeded targets by vaccinating more than 150% of its zero-dose children target, reaching areas previously unreached by the national immunization system. In Lebanon, Lebanese Red Cross (LRC) mobile vaccination units reached 74,608 children with at least one vaccine dose in hard-to-reach communities focusing on displaced Lebanese and Syrian refugees in informal tent settlements and shelters. Palestine Red Crescent Society (PRCS)-Lebanon branch deployed 120 volunteers who reached 5,978 people through household visits and focus group discussions in six Palestinian refugee camps throughout Lebanon. While in Gaza, where less than 50% of routine immunization service delivery points were functional and Penta1 coverage dropped to 62%, PRCS launched immunization activities for the first time in the National Society's history in April 2025. In only nine months, PRCS reached 41,138 children with at least one vaccine dose, with 65% of doses administered to infants aged 0-11 months born during the conflict. During a November 2025 MOH-led catch-up vaccination campaign, PRCS supported efforts by vaccinating 3,580 children, a quarter of the 14,000 children reached despite operating only 14 of 119 vaccination sites, with at least one dose. In Bangladesh, IFRC secured an innovative \$2 million grant (December 2025-December 2026) to work alongside WHO and UNICEF providing technical and implementation support to the MOH for preventive OCV activities, establishing a new Gavi funding precedent for IFRC through sustained global-level engagement and advocacy.

- **Strengthening routine immunization through community engagement in DRC**

From 28 February to 10 March 2025, the Democratic Republic of Congo Red Cross (DRC RC), with US CDC support, supported the MOH's third round of Periodic Intensification of Routine Immunization (PIRI) across 6 health zones in Maniema Province. DRC RC deployed 1,085 volunteers who reached over 716,000 individuals across more than 112,000 households, identifying 34,662 zero-dose

children (30,624 referred) and 43,298 under-vaccinated children (42,243 referred), achieving a 98% referral rate for under-vaccinated children. Additionally, 1,232 pregnant women off-schedule with tetanus-toxoid vaccinations were identified and referred. Based on volunteer feedback, DRC RC initiated pre-campaign sensitization before the campaign, building community awareness in advance. This combined strategy of early sensitization plus house-to-house visits, with volunteers adapting locations based on seasonal relevance, resulted in strong implementation with community engagement efforts reaching 96,862 people through churches, schools, car parks, and markets.

- **Ebola outbreak response strengthening immunization systems in DRC**

Following the declaration of the 16th Ebola outbreak on 4 September 2025 in Kasai Province, IFRC and DRC RC rapidly mobilized. IFRC received US CDC funding totaling \$1,355,000 through the IFRC Immunization cooperative agreement to strengthen the frontline platforms, workforce, and community trust mechanisms required for Ebola outbreak response. As the outbreak was declared, the IFRC-Geneva Immunization Team supported the ICG emergency release of Ebola vaccines to the DRC MOH, which vaccinated more than 47,500 individuals. From September through end of December, during which time the outbreak was declared over on 5 December 2025, utilizing funding from US CDC and additional Emergency Appeal resources, DRC RC conducted 118 safe and dignified burials (SDB) with more than 500 volunteers trained in epidemic control, identified and validated more than 200 alerts through community-based surveillance (CBS), and reached over 236,000 people through risk communication activities including 24 radio broadcasts and a community feedback mechanism that collected 379 entries. DRC RC provided psychosocial support (PSS) to 2,500 people affected by EVD. Hygiene promotion benefited more than 78,000 people. Following a needs assessment, 5 health facilities in the affected Bulape health zone were identified to receive critical IPC and WASH infrastructure improvements including autoclaves, waste management areas, and handwashing stations, which will be conducted in early 2026 with remaining US CDC funds in support of the MOH plans for longer-term sustainability. For 2026, with additional US CDC funding received in January 2026, these strengthened systems including CBS, RCCE networks, WASH-equipped health facilities, and trained volunteer cadres remain in place to support ongoing MOH efforts and future outbreak preparedness across Kasai Province.

- **Cholera Country Support Platform (CSP)**

In 2025, US CDC funding supported critical cholera prevention efforts through the Country Support Platform (CSP) for preventive oral cholera vaccine (OCV) work across multiple countries. Through the CSP, technical assistance facilitated the identification and validation of Priority Areas for Multisectoral Interventions (PAMIs) using the 2023 GTFCC methodology in Burundi and Nigeria, leading to direct WASH assessments in high-risk communities and strengthened

multisectoral coordination including proactive risk mitigation of cross-border outbreaks. In Zambia, CDC funding enabled the dissemination of PAMI findings to stakeholders to inform national strategies and supported sub-national stakeholders at the provincial level to adapt operational plans in line with National Cholera Plans, significantly increasing national and sub-national ownership in advocacy and resource mobilization. The CSP's support in Nepal, Zambia, and Sudan was pivotal in the submission of preventive OCV applications to Gavi, using prioritized and validated PAMIs to ensure applications were evidence-based and strategically sound in a competitive global resource-constraint environment.

- **Oral Cholera Vaccine (OCV) Campaigns - Africa Region**

In 2025, National Societies in the Africa region supported 8 reactive OCV campaigns in 6 countries (Angola, Chad, Cote d'Ivoire, DRC, Ghana, and Sudan) through mobilization of over 1,583 volunteers reaching over 1.24 million people, with 142,410 people directly vaccinated by National Society teams. In Angola, two campaigns in January and April mobilized 237 volunteers reaching 64,000 people (23,250 directly vaccinated), followed by a July campaign where 450 volunteers reached 163,506 people (74,160 directly vaccinated). In Cote d'Ivoire in September, 135 volunteers reached 64,000 people (45,000 directly vaccinated), combining OCV awareness with RC-CATI WASH activities to reduce disease transmission. In DRC in August, 156 volunteers reached 431,142 people. In Ghana in April, 150 volunteers and 25 staff reached 374,826 people. In Sudan, despite working in a complex context with few other organizations able to support, 430 volunteers reached 148,140 people across May and June campaigns. Chad and Cote d'Ivoire supported OCV campaigns for the first time in 2025. A key sustainability achievement was securing a further year of CDC funding when many other programs were being dropped, including support to digitalize OCV training in-house in the first half of 2026 to reduce training costs and scale capacity building for upcoming preventive OCV campaigns in Mozambique and DRC.

- **Afghanistan**

In 2025, the Afghanistan Red Crescent Society (ARCS), with support from Gavi, the Gates Foundation, the US CDC, and Emergency Appeal funding, played a critical role in sustaining polio eradication and strengthening routine immunization services across nine priority provinces (Helmand, Kandahar, Khost, Kunar, Nangarhar, Nooristan, Paktia, Paktika, and Urozgan). Through polio-focused interventions, ARCS administered a total of 2,198,838 oral poliovirus vaccine (OPV) doses to children aged 0–59 months, of which 2,028,675 doses were delivered through campaigns, complemented by 67,555 doses at fixed sites and 102,608 doses through outreach services, ensuring reach to underserved and mobile populations. In parallel, ARCS strengthened routine immunization and catch-up services across age cohorts. Among children under one year of age, ARCS supported the administration of 51,553 OPV doses; 12,278 IPV1 and 9,508 IPV2 doses; 11,016 measles-containing vaccine first doses (MCV1); and 14,210 pentavalent 1, 13,011 pentavalent 2, and 12,293 pentavalent 3 doses.

For children aged 1–2 years, ARCS facilitated the delivery of 9,072 OPV doses; 2,031 IPV1 and 2,643 IPV2 doses; 3,309 MCV1 and 6,660 MCV2 doses; and 2,261 pentavalent 1, 2,227 pentavalent 2, and 1,936 pentavalent 3 doses. As part of the targeted “Big Catch-Up” initiative for children aged 2–5 years, ARCS administered 5,549 OPV doses; 1,887 IPV1 and 1,177 IPV2 doses; 2,273 MCV1 and 1,812 MCV2 doses; and 1,975 pentavalent 1, 1,704 pentavalent 2, and 963 pentavalent 3 doses, addressing immunity gaps among children previously missed by routine services. Community engagement and social mobilization efforts were integral to these achievements, with ARCS successfully facilitating vaccination acceptance among 575 previously refusing families, reinforcing trust and demand for life-saving vaccines in hard-to-reach and high-risk settings.

## Malaria

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- **Technical assistance to countries**

In 2025, the Alliance for Malaria Prevention, housed and chaired by the IFRC, delivered 91 technical assistance (TA) missions in response to requests from national malaria programs and partners. These missions supported ITN mass campaigns, campaign digitalization and ITN continuous distribution across 22 countries in sub-Saharan Africa, as well as Haiti and Pakistan.

In 2025, AMP continued to support the scale up of the use of digital tools for ITN distribution key processes, including microplanning, household registration, ITN distribution and logistics and supply chain management. With support from the Gates Foundation and Global Fund, AMP was able to expand its work in digitalization, ensuring timely technical assistance was available to national malaria programs transitioning to digital tools and advancing work on campaign digitalization and integration and use of data for improved efficiency and outcomes. Fourteen countries received digitalization-specific technical assistance from AMP in 2025 and guidance and case studies were developed and disseminated to highlight lessons learned, better practices and recommendations for future efforts. The TA provided enabled the identification and compilation of facilitators and barriers for uptake of digital solutions for campaign planning and implementation, which will inform development of planning and operational guidance and future technical support.

- **Tracking of ITN campaign status**

With the termination of USAID and the US President’s Malaria Initiative, AMP was looked to for support on tracking ITN campaign status and, particularly, disruptions linked to ITN procurement and delivery to countries, as well as distribution within countries. AMP worked with the lead for the Net Mapping Project and national malaria programmes and partners to try to triangulate information for a complete picture of the implications of the stop work order.

In 2025, AMP strengthened the global monitoring of ITN campaigns through the revitalization and ongoing updates of the ITN Campaign Tracker. The tool provides timely insights into campaign progress, coverage, and challenges, and has been shared with partners and presented to donors. It represents a major step forward in enabling data-driven planning and enhancing the effectiveness of malaria prevention efforts.

- **Supporting the shift to a resource constrained context: Guidance and tools**

Guidance on optimizing ITN campaign operational costs : Through a series of seven 90-minute webinars organized with national malaria programmes and funding, technical and implementing partners focused on options for cost cutting (optimization) in the face of Global Fund reprogramming and US PMI withdrawal, guidance for optimization of ITN campaign costs was developed, reviewed and signed off by technical and funding partners and made available through the AMP website in English, French and Portuguese.

- **ITN allocation strategies website**

This tool presents outputs that national malaria programmes and partners can use to assess the trade-offs between the number of ITNs needed and expected levels of population ITN access for different ITN allocation strategies. Users can enter their own population estimates and generate custom ITN quantifications based on applying different allocation strategies in different areas. Results are available for national and sub-national levels for malaria-endemic countries in sub-Saharan Africa and quantification factors for each ITN allocation are also presented, so calculations can easily be repeated offline.

Part of the focus of the malaria/Alliance for Malaria Prevention team, with funding through the OPITACA Project, has been supporting a transition from the status quo (three-year campaigns + routine ITN distribution) to a more differentiated approach to ITN distribution channels based on data. This work has included:

- ↳ Guidance on channel selection for distribution of ITNs , which provides guidance for NMPs and partners to:
  - Assess existing distribution channel capacity, effectiveness and efficiency in reaching and maintaining equitable access in the targeted populations
  - Understand strengths and limitations of each channel and distribution strategy
  - Determine the optimal ITN distribution channel mix based on data and local context
- ↳ School-based distribution toolkit, which provides operational guidance for school-based ITN distribution, as well as a suite of adaptable tools and country resources that can be downloaded and adapted according to specific contexts.

- **Recognizing the importance of contextual factors in new product introduction assessments**

The Gates Foundation-funded Service Delivery Assessment for Introduction and Scale Up of New Malaria Chemotherapies (monoclonal antibodies and long acting injectables) focused time and effort in development of the Protection, Gender and Inclusion (PGI) factors in the context of introducing monoclonal antibodies (mAb) and long-acting injectables (LAI) for malaria prevention global review. The report was reviewed by the GenderTech team on behalf of the Foundation and overwhelmingly positive feedback was received. The PGI review has been used to guide the assessment framework and tools that will be used for information collection in 2026 in Benin and Mozambique.

## Mental health and psychosocial support (MHPSS)



In February 2024, the **IFRC, ICRC, and Danish Red Cross** signed a tripartite agreement to establish the **Red Cross Red Crescent Movement Mental Health and Psychosocial Support Hub (MHPSS Hub)**. Effective 1 January 2025, this evolved the former IFRC Psychosocial Reference Centre into a Movement-wide entity—hosted by the Danish Red Cross—serving the entire Red Cross Red Crescent network, including 191 National Societies, IFRC, and ICRC.

The **Movement MHPSS Hub Strategy 2026–2030** was finalized and published working with NS, IFRC, ICRC, and external stakeholders, outlining a broadened mandate to advance MHPSS across the Movement.

It addresses global challenges and sets two overarching objectives:

- Improving the quality and impact of MHPSS services; and
  - Enhancing the care and well-being of staff and volunteers.
- These objectives support three key outcomes through strategic initiatives, enablers, and a commitment to localization, innovation, and evidence-based practice.



## Advocacy & Awareness

- **World Mental Health Day 2025 (10th October)– With the theme of Mental Health in Humanitarian Emergencies**

This is unfortunately, the daily workspace for millions of Red Cross Red Crescent volunteers and staff across the globe. The IFRC has been supporting and accompanying people in need, at the frontlines of emergencies and disasters across the globe. The Red Cross Red Crescent MHPSS Movement Hub resource library holds more than 1000 resources in multiple languages including guides and tools, videos and podcasts.



- **WORLD SUICIDE PREVENTION DAY | Call to Action:**

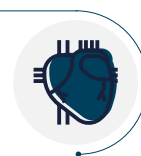
The official theme proposed for 2024-2026 is '*Changing the Narrative on Suicide*' with an associated call to action referred to as '*Start the Conversation*'. IFRC engaged with **National Societies in discussing and raising awareness on the topic of suicide prevention** and, as such, help to break the barriers around stigma and foster open conversation about the topic.



- Global Mental Health Summit, Qatar 2025**  
 IFRC co-organized and participated in Workshop 5: **Mental Health and Psychosocial Support Before, During and After Crises (conflicts, disasters, health or other emergencies)**, 1st of October 2025: This workshop focused on the critical importance of integrating mental health and psychosocial support (MHPSS) into all phases of crisis management—before, during, and after emergencies such as conflicts, disasters, and health crises. The session emphasized integrating MHPSS across all crisis phases—focusing on coordination, localization, innovation, and shared learning.
- Qatar RC MHPSS ERU training**  
 Successfully delivered from 19-23 Oct, with two preliminary days of preparation for the team of trainers (three from IFRC, one from QRCS and one from Australia Red Cross). The training piloted a competencies-based approach and concluded with a scenario-based exercise, for which QRCS mobilized 40 volunteers. The training was officially opened by QRCS SG and closed by their USG.

## Non-communicable diseases (NCDs)

### Advancing Non-communicable Diseases in Humanitarian Settings: IFRC's Advocacy Impact in 2025



#### Context

In 2025, amid escalating polycrises—including conflicts, displacement, climate shocks, and fragile health systems—the International Federation of Red Cross and Red Crescent Societies (IFRC) led a coordinated, evidence-based, and community-centred advocacy campaign to embed noncommunicable diseases (NCDs), including mental health and psychosocial support (MHPSS), into global humanitarian policy and outcomes.

[IFRC NCD Vision and Framework 2030](#), IFRC's advocacy throughout 2025 focused on bridging the persistent gap between global commitments and operational realities in humanitarian settings. The year represented a critical moment on the road to the Fourth United Nations High-level Meeting (UNHLM4) on the Prevention and Control of NCDs and the Promotion of Mental Health and Well-being, held in September 2025.

The IFRC aimed to ensure that the needs, experiences, and capacities of crisis-affected communities and National Red Cross and Red Crescent Societies were reflected in global policy and Political declarations outcomes on NCDs, while promoting practical, scalable solutions for sustained implementation beyond the UN High-level Meeting on NCDs.

## Key milestone

- **Building a shared advocacy platform: the Global NCD Advocacy Bootcamp**



Global Advocacy Bootcamp participants at IFRC headquarters, Geneva – illustrating multi stakeholder collaboration in developing shared advocacy asks.

In May 2025, IFRC's hosted the Global Advocacy Bootcamp on NCDs in Humanitarian Settings, at IFRC headquarters in Geneva. Over 60 experts from National Societies, IFRC, governments, UN agencies, academia, civil society and partners, collaborated in inclusive process. Through iterative discussions, they developed seven consensus-based advocacy asks focused on Policy integration, Equity and access, Financing, Community engagement, Continuity of care, Resilient supply chains, and Strengthened health information systems. These asks called for governments, authorities, and humanitarian actors to mainstream NCDs and mental health across preparedness, response, recovery, and protracted crises. The Bootcamp emphasized communities, volunteers, and National Societies' auxiliary roles in maintaining care amid system strain. It generated a shared platform that informed IFRC's subsequent advocacy and served as a reference for regional coordination. Detailed Report can be found here: [A report of the Global Advocacy Bootcamp on Non-Communicable Diseases in Humanitarian Settings | IFRC.](#)

- **Elevating NCDs in global health governance: WHA78 side event**



High level panel discussion during the IFRC convened WHA78 side event on advancing NCD care in humanitarian settings.

IFRC co-organized a high-level side event during the Seventy-eighth World Health Assembly (WHA78) in May 2025, titled *Advancing NCD Care in Humanitarian Settings Ahead of UNHLM 2025*. Bringing over

200 in-person and online participants, the event framed NCDs as a core humanitarian health priority and not just a development issue. Ministers from Lebanon and Jordan, representatives from Denmark and Mexico, WHO leaders, and humanitarian experts highlighted feasible integration of chronic care—including medicines, diagnostics, mental health services, and resilient supply chains—in crisis settings through aligned political will, funding, and coordination. Lived-experience narratives amplified community voices, stressing dignity, trust, and equity. The WHA78 side event marked an early and influential moment in shaping the tone of global discussions in 2025, explicitly linking humanitarian realities to the forthcoming UN Political Declaration.

- **Direct Engagement with the UNHLM process**

In close collaboration with its New York Permanent Observer Mission, IFRC influenced negotiations on the UNHLM4 Political Declaration. Leveraging Bootcamp asks, it submitted technically robust proposals, advocating for:

- ↳ Explicit recognition of people living with NCDs in humanitarian and fragile settings.
- ↳ Integration of NCDs and mental health into national emergency preparedness, response and recovery frameworks.
- ↳ Protection of health personnel, infrastructure and supply chains in line with international humanitarian law; and
- ↳ The role of community-based delivery and volunteers in sustaining continuity of care.

Several elements were reflected, in the final Political Declaration (adopted in late 2025), strengthening acknowledgment of humanitarian contexts within a traditionally development-oriented agenda. This reflected the impact of sustained, and technically credible engagement throughout the negotiation process.

- **Strategic presence at UNGA80 and UNHLM4**



IFRC leadership delivers the official opening of the IFRC high-level side event for UN High Level

During the 80th United Nations General Assembly and UNHLM4 in September 2025, IFRC organized or co-hosted five side events with diverse partners. These showcased scalable country models, community-led approaches, and the need for sustained financing and partnerships. At the Multistakeholder Hearing, IFRC stated that NCDs and mental health persist in crises and require early integration in emergency response. In the High-level Meeting intervention, IFRC welcomed the Declaration while urging accelerated action, highlighting National Societies' auxiliary role and the global network's 17+ million volunteers as vital bridges from policy to people.

- **Evidence and partnerships**

IFRC deepened collaboration with academics and partners, co-authoring a key commentary at the Lancet [Non-communicable diseases in emergencies: time for action on converging crises](#) – The Lancet. It framed NCDs in emergencies as an urgent, converging crises, and outlined post-2030 priorities.

Partnerships with WHO, UNHCR, UNICEF, Danish Red Cross, Novo Nordisk Foundation, NCD Alliance, International Alliance for Diabetes Action (IADA), World Innovation Summit for Health (WISH), International Rescue Committee, London school of hygiene & tropical medicine (LSHTM), and others ensured aligned messaging, reduced duplication, and built collective momentum.

While global commitments require robust implementation, IFRC's 2025 advocacy created a more enabling policy environment. It positioned IFRC and National Societies as trusted partners for governments advancing NCD and mental health integration across all contexts, from prevention to crisis response.

## Digital Solutions & Data

- **Red Cross/Crescent Health Information System (RCHIS)**

Funding from the Netherlands Government and support from the Netherlands Red Cross (NLRC), the RCHIS was enhanced to meet the needs of healthcare delivery in conflict-affected areas. The improvements focused on strengthening data security, enabling offline functionality, and simplifying workflows to support field operations. Ongoing contributions from the German Red Cross (GRC) and Japanese Red Cross (JRC) have ensured the system is well-maintained and ready for deployment, demonstrating a strong commitment to providing reliable digital health solutions in challenging settings.



- **Launching Professional Health Services Mapping Phase 2 with Support from the Norwegian Red Cross**

With funding from the Norwegian Red Cross, Phase 2 of the Professional Health Services Mapping initiative was launched to advance digital health and capacity-building efforts. This phase focuses on understanding the types of data available across the movement and exploring how they can be combined with mapping data to produce actionable insights for programming across all phases of an emergency and in non-emergency settings. The funding also enables an assessment of the digital health technology landscape within the movement, including the digital maturity of National Societies. By identifying challenges, interventions (digital and non-digital), and existing solutions, the initiative aims to harmonize digital health efforts and streamline data collection to support informed decision-making and more effective programming.

## Professional health services mapping

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- **Data on clinical health facilities**

IFRC have gathered data on than 5,600 clinical health facilities, across 113 National Societies.. The data include precise facility locations, medical services (primary, secondary, tertiary), blood services and human resources (more than 53,000 professionals). For the next phase of the Health capacity mapping, more data will be collected on services and programs, and tools to make better and more efficient use of the information will be developed.



## Risk Communication and Community Engagement (RCCE) Collective Service

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- **Interagency coordination in-country**

The Collective Service provided RCCE interagency coordination and technical support for public health emergencies, including cholera, drought, Marburg virus disease, and mpox .Support was provided to 16 countries in the East and Southern Africa Region with nine missions to support MoHs and partners in-country. This work was made possible through the generous support of the Bill and Melinda Gates Foundation (BMGF) and The Rockefeller Foundation.



- **Community feedback and data dashboards**

The Collective Service coordinated across response partners to develop and launch community feedback mechanisms and data dashboards in Zambia and Zimbabwe for the cholera operations to systematically provide community feedback data to response partners across pillars for a tailored response to communities. The Collective Service also developed community feedback coding frameworks for the response to Marburg virus disease, mpox, and drought (Zambia).

In Zambia, In total, 23 partners with 3,568 participants were onboarded and trained to collect, share, code, and, analyze community feedback through the national CFM and dashboard (Scaling Up Nutrition Technical Assistance (SUN TA), USAID Momentum, USAID Discover Health, ZAM Health, PACT, Zambia Integrated Health (ZIH), UNICEF, Red Cross, ZINGO, STOP Zambia, Lifeline Childline, PMC, WHO, AMREF, City of Hope and SUNTA, for example).

In Zimbabwe, the inter-agency community feedback mechanism was established to systematically gather and utilise data from RCCE, WASH and Health partners to generate insights on community perspectives, beliefs, questions and suggestions to inform action. This included training and onboarding 14 partners with 1,363 participants.

- **Support to countries**

The Collective Service provided operational social science, including community focus group discussions, Rapid Qualitative Assessments (RQAs) and data synthesis of social behavioural data in Zambia Zimbabwe, Burundi, and Rwanda. The Collective Service developed questions banks for partners to use for qualitative data collection for the responses to Marburg virus disease, mpox, and drought. The Collective Service also developed a RQA training for partners, which has been piloted in Zambia, Zimbabwe, Burundi, and Uganda.

- **Cholera and Drought**

With the support of BMGF, Zambia and Zimbabwe were supported during the 2024 cholera outbreaks providing RCCE coordination, Information Management (IM), operational social science, and Community Feedback Mechanism (CFM) development.

A key result of the operational social science support through RQAs included an Increase in Child Protection by the Zambia Government during the drought response.

↘ **Findings:** During the drought event that followed the cholera outbreak in Zambia, the Collective Service conducted an RQA in Southern and Western provinces, which found significant risks in the areas of education and social protection, including a decrease in school attendance due to no meals available, a decrease in WASH facilities for menstruating girls, a lack of water access, and an increase in child labor. This resulted in an increase in pregnancy, abortion, transactional sex, STIs among youth/ adolescents, SGBV, and child labor.

↘ **Recommendations:** Based on this finding, the Collective Service partners, including UNICEF, advocated for the scaling up of the school feeding program to cover all schools in drought-affected areas (recommendations shared with DMMU, MOH, MOE, WFP) and the provision of food to families to prevent children from engaging in transactional sex for money and food and to prevent families from marrying off their children for food.

↘ **Outcome:** Due to the outcomes and recommendations from the RQA, the office of the vice president and DMMU elevated RCCE from a technical working group to a RCCE cluster. Due to the RQA findings the concept of the drought was changed from being a food security crisis to a protection crisis. Findings were shared with the vice president and DMMU and the UN country team resulting in funding for child protection instead of just food security. The education sector, DMMU and nutrition sector all did quantitative data collection to follow up on these findings and the outcomes were the same as the Collective Service RQA findings.

↘ **Outcome:** Following the recommendation from the Collective Service and UNICEF to the DMMU to scale up school feeding programs, the Education Cluster scaled up school feeding programs from early childhood education to secondary level to support children from households affected by the drought. A total of 2,394,208 pupils are being provided with clean and safe drinking water and meals in 84 districts for 180 days. A total of K392,187,650.50 was released from the Treasury for this emergency school feeding program.

- **Building capacity in a variety of countries. Collective Service**

### **Cholera Response Learning**

With support from BMGF, the Inter-Country Cholera Response Learning Event brought together key Risk Communication and Community Engagement (RCCE) stakeholders from Zambia, Zimbabwe, and Malawi and took place from 12 to 14 August 2024 in Livingstone, Zambia. The Collective Service, the Social Science in Humanitarian Action Platform (SSHAP) and the UK Public Health Rapid Support Team (UK-PHRST) convened 27 participants from Ministries of Health (MOH), National Public Health Institutions, UNICEF, WHO, Red Cross Societies and academia to share insights regarding what did and didn't work, strategies, and best practices from their recent efforts in combating cholera outbreaks.

Together, the participants worked collaboratively to develop the five commitments to strengthen their RCCE response capacity. In addition to these commitments, participants provided country presentations on their RCCE strategy, performed country forcefield analyzes, developed standard operating procedures for rapid qualitative assessments, developed a concept note for strengthening national capacity to use social science methodology and expertise for emergency preparedness and response, and drafted a concept note for a field anthropology and social science training program.

- **Key achievements**

- ↳ Developed, in strong collaboration between UK-Public Health Rapid Support Team (UK-PHRST), UNICEF, IFRC, WHO, International Organisation for Migration (IOM), Ready Initiative, and Africa Centre for Disease Control (Africa CDC), a unique scenario-based training covering coordination, assessments, community feedback, rapid social science, community participation and monitoring, evaluation and learning.
- ↳ Delivered the first cross-border RCCE training to the Ministry of Health, Red Cross/Crescent National Societies, UNICEF, and

A Red Cross volunteer guides a resident through the steps of treating water during a household visit in Mpulungu, as the community member demonstrates the process – putting lifesaving knowledge into practice. © Zambia Red Cross Society



WHO staff from seven East African countries - Kenya, Somalia, Ethiopia, South Sudan, Uganda, Rwanda, and Tanzania.

- ↘ Proposed and agreed to a set of cross-border commitments to be implemented by all participating countries to enable stronger RCCE coordination for outbreak readiness and response
- ↘ Secured consensus amongst all participants to jointly operationalize the cross-border commitments and country-level action plans over the next 12+ months.

- **RCCE Advocacy**

The Collective Service participated in or was featured in the following conferences and publications:

- **Conferences**

- ↘ Global Health Security Conference Presentations:

- ▶ Social Science for Health Security – Operational social science in multisectoral emergency response: Rapid Qualitative Assessments and RCCE in Malawi's cholera response.
- ▶ Viral Haemorrhagic Fever Cross-border collaboration: Lessons from Africa: Interagency Risk Communication and Community Engagement (RCCE) response to the 2022 EVD Outbreak in Uganda

- ↘ World Health Summit Panelist:

- ▶ Keynote hosted by the Rockefeller Foundation: Redefining Global Health in the Era of Climate Shocks.

- **Publications**

- ↘ TIME feature in the article: Cities Are on the Front Line of the 'Climate-Health Crisis.' [A New Report Provides a Framework for Tackling Its Effects](#)

- ↘ Featured in the Rockefeller Foundation Report: Urban Climate-Health Action: [A New Approach to Protecting Health in the Era of Climate Change](#)

- ↘ Featured in the Rockefeller Foundation's 2024 Impact Report



# EXPANSION OF EXISTING PARTNERSHIPS AND NEW PARTNERSHIPS

## Climate

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- **Health Pillar of SAA**

During the recent COP28, the IFRC, together with WHO and Climate Champions launched the Health Pillar of Sharm El Sheikh Adaptation Agenda (SAA). This Agenda was originally adopted by the COP27 Presidency to build an adaptive and resilient world by rallying global action towards implementing transformative solutions across key systems, especially benefiting the most vulnerable populations (four billion people) by 2030.



Health risks from climate change are a function of vulnerability factors, climate related hazards and exposures. Climate change impacts health through direct and indirect mechanisms, generating adverse health outcomes and impacting health systems and facilities. To build resilience, WHO emphasized that adaptation actions within SAA are needed upstream of health outcomes and systems (in health-determining sectors) as well as within health systems.

Building on work in climate resilience related to health and health systems, the following areas were presented as key priorities for shaping target outcomes of the SAA Health Pillar:

- ↳ Finance: increasing climate finance investment in climate change and health adaptation
- ↳ Leadership and planning: advancing health leadership and integrating health, including co-benefits, in climate change adaptation planning and agendas
- ↳ Urban heat: protecting communities against heat-related health risks
- ↳ Health surveillance systems: establishing climate-informed healthy surveillance and early warning systems to monitor and predict the spread and outbreaks of climate-sensitive diseases
- ↳ Resilient health systems and facilities: building resilience of health systems and healthcare facilities to ensure quality healthcare even in the face of a changing climate

Partners are already working on technical support and other ways to support delivery including advocacy, development of work plans and monitoring and evaluation systems.

IFRC also joined the global initiative on Guiding Principles for Financing Climate and Health Solutions, together with a number

of different partners, including the Global Fund, the Rockefeller Foundation and WHO. The initiative intends to call financing institutions to work together to scale up financing for climate and health solutions and better utilize existing finance to support country- and community-led climate and health goals.

A number of documents were developed: a position paper on climate and health and better integration of health into IFRC climate change policy documents; a position paper following discussions with the Green Climate Fund; and a research and scoping paper to understand the compound risk of heat, humidity and air pollution on health. See: <https://www.climatecentre.org/12828/new-research-on-health-effects-of-combined-exposure-to-heat-humidity-air-pollution/>

## First aid

- **Launching of The IFRC First Aid World Cup: Co-organized by the Dubai International Humanitarian and Development (DIHAD Sustainable Organization) and the International Federation of Red Cross and Red Crescent Societies (IFRC), the First Aid World Cup** is a global platform advancing innovation in First Aid and Resuscitation. It gathers outstanding talents from the Red Cross Red Crescent network to the world stage to compete, collaborate, and catalyse a new era for first aid. The First Aid World Cup will feature three challenges, where NSs will showcase and demonstrate their expertise and knowledge across various thematic areas.



## Healthy ageing

- **Roundtable Briefing at the British Embassy Berlin**  
Supporting Healthy Ageing to Unlock the Longevity Economy in Germany and Beyond, 13 October 2025.
- **UN Decade of Healthy Ageing**  
Strengthened advocacy and partnership efforts through collaboration with the World Health Organization (WHO) and the Anti-Ageism Core Working Group to support the implementation of the UN Decade of Healthy Ageing Action Plan (2021-2030).
- **WHO Global Campaign to Combat Ageism**  
The IFRC actively supported the World Health Organization's global campaign to combat ageism, contributing to a significant international effort to promote positive perceptions of aging and enhance the rights of older individuals. This involvement underscores the IFRC's commitment to addressing age-related challenges and advocating for the well-being of older populations.
- **IFRC and HelpAge International**  
Established bi-monthly meetings with HelpAge International to advance joint strategies, dialogue, and resources for healthy ageing.



## Immunization

- **Expansion of partnerships**

Global immunization partnerships were expanded with IFRC representation as part of the International Coordination Group for Vaccine Provision (ICG) with MSF, UNICEF and WHO and Immunization Agenda 2030 (IA2030) representation across three levels, the Global Taskforce on Cholera Control (GTFCC), oral cholera vaccine working group, and through new representation on the Ebola Vaccine Coordination Team (EVCT) and US CDC.



## Malaria

As part of expanding existing partnerships and establishing new partnerships, the Alliance for Malaria Prevention (AMP) held its 2025 Annual Partners' Meeting in Nairobi on April 7 and 8, followed by a two-day Campaign Digitalization Meeting on April 10 and 11. The meeting brought together 188 participants (122 in person, 66 online). The theme of the AMP Partners' Meeting, "Rethinking the Insecticide-Treated Net (ITN) Status Quo: Maximizing the Impact on Malaria" was broken down into two main sessions:

↳ Day 1: Programming ITN distribution with limited resources

↳ Day 2: Operationalizing ITN distribution based on data

A new feature of the 2025 agenda, technical working sessions were held on Wednesday, April 9, strategically positioned between the Annual Partners' Meeting and the Campaign Digitalization Meeting. The sessions successfully brought together participants from both events, fostering cross-collaboration and knowledge exchange across technical, programmatic and digitalization areas. This enabled in-depth discussions on specific challenges, encouraged the sharing of innovative solutions, and strengthened connections across teams. The sessions were highly well-received, demonstrating the value of integrating focused, interactive technical discussions into the broader meeting program.



## RCCE Collective Service

- **New and continuing partnerships**

The partnership between Collective Services core partners (IFRC/ National Societies, UNICEF, WHO) continued. A new engagement was finalized with Africa Centres for Disease Control (CDC) to support cross-border training in Eastern and Southern Africa Region (ESAR) for RCCE coordination. A new collaboration with the UK Public Health Rapid Response team has been initiated for in kind and technical support to strengthen social science package and trainings, and for operational social science support for the Zimbabwe cholera response. In Malawi, Collective Service is working in partnership with Malawi Ministry of Health, Mali Red Cross, and UNICEF. In Uganda, a partnership with MoH Social Listening and Evidence Generation sub-committee, the Lutheran World Federation (LWF), the Uganda Red Cross Society, UNICEF and WHO has been set up. In Zambia, partners are Breakthrough Action, the MoH, WHO, UNICEF, Zambia National Public Health Institute, and Zambia Red Cross Society.



Working together Binta and vaccination team cover all children under five serving to immunize one more village against the crippling disease.  
© Marko Kotic/IFRC



## Universal Health Coverage (UHC)

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- **Advocacy for UHC**

When all 193 Member States of the United Nations (UN) agreed on the Sustainable Development Goals (SDGs) in New York in 2015, they set out an ambitious agenda for a safer, fairer and healthier world by 2030. UHC is based on the principle that all individuals and communities should have access to quality essential health services without suffering financial hardship. UHC2030 is a platform where the private sector, civil society, international organizations, academia and governmental organizations can collaborate to accelerate equitable and sustainable progress towards UHC and to strengthen health systems at global and country levels.



In line with the Governing Board decision in 2018 to prioritize and scale up work and advocacy of the IFRC network on UHC, the IFRC is supporting UHC2030 by engaging with all different types of stakeholders and constituencies taking part in shaping steps towards achieving UHC, including civil society, community-based organizations, governments, inter-government organizations and the private sector.

Since 2018 the IFRC is officially engaged in the campaign to contribute to drafting the consolidated set of 'Asks' which will feed into the political declarations and related advocacy materials. As a member of UHC2030, the IFRC supported Country Focus Groups before and after the 2019 High Level Meeting to share lived experiences, challenges and achievements in UHC from populations often left behind.

- **High Level Meeting representation**

In 2023, the IFRC conducted or co-organized country consultations across the world with communities and civil society groups to identify barriers to accessing basic health services and to provide key inputs to the State of UHC Commitment report, leading towards the second High Level Meeting (HLM) in September 2023. 2023 HLM was a critical milestone for countries to strengthen their commitment to achieving UHC and the means to do so. IFRC partnered with the WHO, the Group of Friends on UHC (Georgia, Japan, Thailand), UHC2030, and UN Foundation to deliver a series of thematic dialogues ahead of the meeting, starting with a Head of State/Ministerial meeting on UHC at the 77<sup>th</sup> session of the UN Global Assembly (UNGA) in September 2022. The political declaration on UHC was endorsed at UNGA 2023 and contains a number of IFRC's recommendations, particularly those on building trust and community engagement. The text remains the foremost guiding document for the UN system's work on health and will be instrumental in guiding country-level work on health systems strengthening. The next UHC HLM will be in 2027.

The IFRC will continue to work with key partners and members of UHC2030 to observe the implementation status and challenges to access health services particularly for key vulnerable groups of communities.

# FUNDING AND HUMAN RESOURCES

## Malaria

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- **New funding from the Gates Foundation**

Project timeline: October 2025 – March 2027

Budget: 1,340,918 USD

Funding aims to further expand AMP's digitalization work, supporting national malaria programs in adopting and scaling health campaign management platforms with a specific focus on the DIGIT HCM platform, developed by eGovernments Foundation with funding from the Gates Foundation. Three to four countries will be selected and a specific objective is to ensure cross-programme adoption of the platform (for example, for malaria, immunization, neglected tropical diseases) to ensure optimization of planning, implementation and outcomes of health campaign efforts. Capacity building of national teams is a priority.



- **New funding from the Global Fund (global and country-level Principal and Sub Recipients)**

Project timeline: Various, multiple agreements

Budget: 1,125,207 USD total, all agreements

Global: At the end of 2024, an agreement was signed with the Global Fund Supply Operations team for work in 2025 and 2026 focused on digitalization of health campaigns, with a specific focus on supply chain optimization. The project funds have been used to support ITN distribution activities in the Central African Republic, Chad and Ivory Coast, as well as to support two global activities: (1) development of guidance and adaptable tools for strengthening ITN supply chain accountability through adoption of scanning of barcodes and (2) updates, finalization and visualization of the ITN campaign tracker.

- **Country**

In 2025, the IFRC signed service agreements with Global Fund Principal and Sub Recipients covering technical assistance provision for ITN campaigns through the Alliance for Malaria Prevention in the following countries: Cameroon, Chad, Nigeria, São Tomé and Príncipe and Sudan.

The malaria team was affected by the USAID termination of funding to IFRC, which led to the departure of the Officer, AMP Coordination in the first half of the year. While the Lead, Malaria Programmes salary was also affected, it was transitioned to the existing Gates Foundation grant focused on Optimizing ITN Access in Africa (OPITACA). With the securing of new funds from the Gates Foundation for the digitalization work with a 50% FTE included, it was possible to bring on a new position, the Officer, Health Service Delivery and Operations in the last quarter of the year.

## RCCE Collective Service

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- **Cholera response**

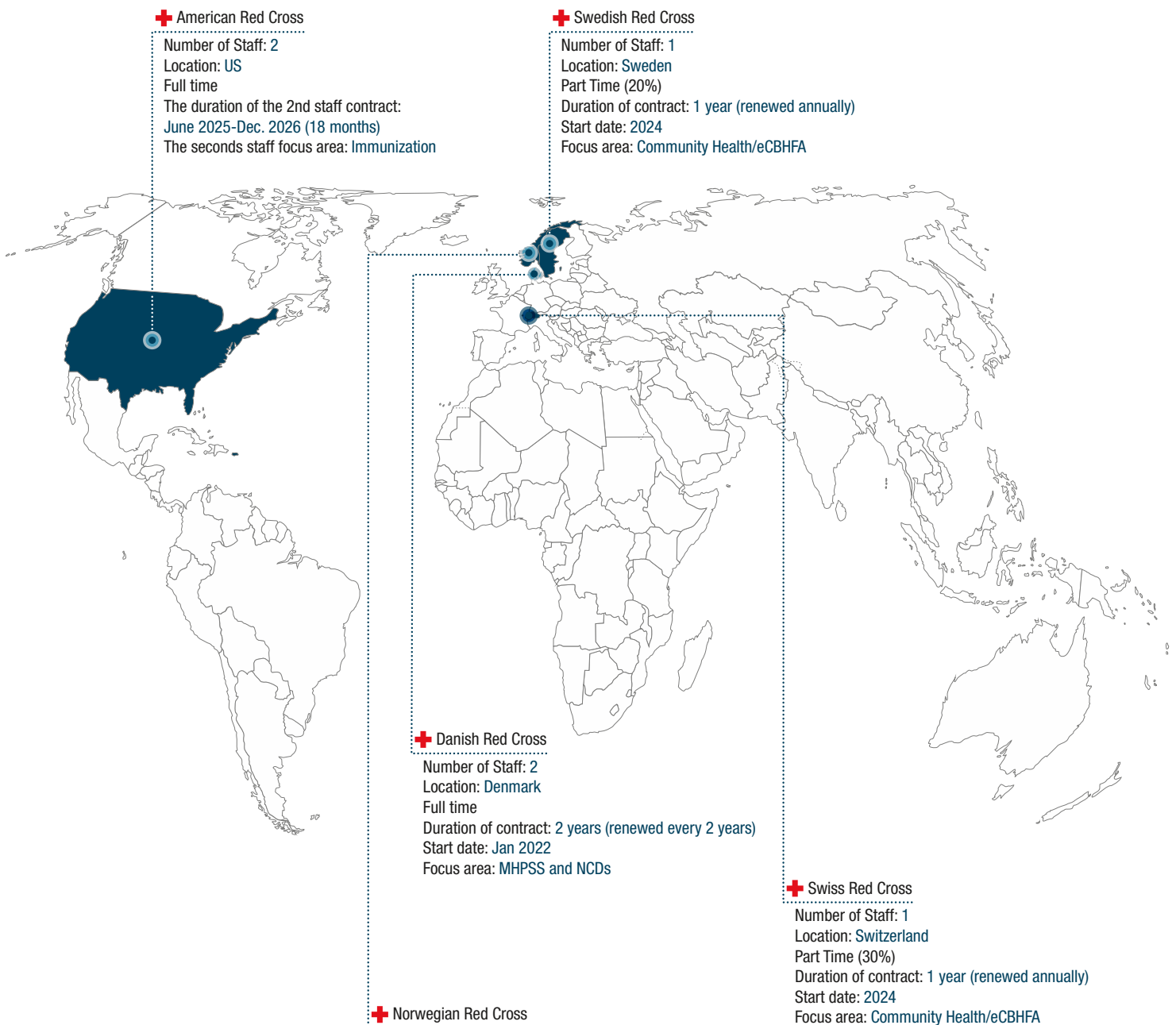
In Zambia and Zimbabwe. USD 572,516 was granted from BMGF for the cholera responses in Zambia and Zimbabwe.

- **RCCE coordination**

USD 150,000 was committed by the Rockefeller Foundation for RCCE coordination activities in Zambia.



# HUMAN RESOURCE SUPPORT FROM PARTNER NATIONAL SOCIETIES



IDP Camp B settlement area at Ainabo region of Somaliland, 1st July 2021. Hodan Mohamed Hersi, a pregnant mother of 4, seeks antenatal care services at the Ainabo Mobile Clinic.  
 © Somali Red Crescent Society (SRCS)



**Pillar 3:**  
Global Water  
Security

# PROGRAMATIC AND RESPONSE ACTIVITIES

In 2024, we launched our IFRC GLOBAL STRATEGIC DIRECTION FOR WATER SECURITY 2024–2030, and in 2025, we started together with National Societies and partners our process to go from strategy to impact. In 2025, we worked towards acknowledging that the strategy is more than a plan; it is a collective call to action.

Although 2025 was not an easy year for the humanitarian sector, we deeply believe that a Water Security Momentum is growing across regions. Our task now is to match that momentum with coordination, resources, and commitment. This is not about doing more with less — it is about doing the right things, together, in ways that last.

Every National Society has a role to play. Whether responding to cholera, working with utilities in cities, or helping fragile communities rebuild trust through water cooperation. The path forward is flexible, inclusive, and built for partnership. If we succeed, we will not only deliver clean water — we will help deliver health, economic growth, and peace.

## Cholera

- **Country Support Platform**

The Country Support Platform (CSP), hosted at IFRC Geneva, serves as the operational arm of the Global Task Force on Cholera Control (GTFCC), providing multisectoral technical support, advocacy, and coordination to help countries develop, finance, and implement National Cholera Plans. In 2025, with secured multi-year funding and an expanded team, CSP deepened its country partnerships across four regional hubs spanning eleven countries, translating plans into action and strengthening the systems needed for cholera elimination. These achievements reflect the leadership of country counterparts and the commitment of GTFCC partners working toward the 2030 Roadmap goals.



- **National Cholera Plans.**

Regarding the development and implementation of National Cholera Plans (NCPs), highlights include: The CSP has supported the full cycle of National Cholera Plan (NCP) development and implementation across multiple countries, including NCP launch in Nigeria (February 2025), NCP finalisation in Mozambique, finalisation of operationalisation plans of the NCP in Bangladesh (April 2025) and Malawi (August 2025), NCP validation in Nepal and Cameroon (September 2025), and technical review of the NCP in Burundi (December 2025). The CSP has also facilitated ongoing operationalisation in Zambia, Bangladesh, DRC, and Nigeria, and conducted NCP reviews in Zambia to strengthen implementation and accelerate progress toward cholera elimination.

The Red Cross are looking at the well. It has allowed Sanita to irrigate his fields, which has been essential now during the drought. Lukole village in Gandini sublocation in Kilifi County in Coast Region of Kenya. © Anette Selmer-Andresen/IFRC

With CSP's support, Zambia and Bangladesh are leading operationalisation of their NCPs, integrating strengthened surveillance, laboratory, and case management systems to accelerate cholera prevention and response.

- In Zambia, CSP trained the Lusaka Water and Sewerage Company (LWSC) lab team on the Faecal Sludge Field Laboratory (FSFL) donated by the Swiss Government, improving treatment at two new facilities, and supported reactive OCV applications in collaboration with WHO. CSP also developed and disseminated National Case Management, Laboratory, and Surveillance guidelines to provincial and district health offices, standardizing cholera response across health facilities. These actions are central to Zambia's NCP operationalisation, enabling coordinated, rapid response at the community and facility levels.
- In Bangladesh, CSP strengthened diagnostics and data systems through Gavi approval for 255,132 RDT kits, rollout of an updated diarrheal disease reporting template, and training 80 health officers and statisticians on the enhanced Management Information System (MIS). CSP also supported 364 healthcare professionals in nationwide cholera case management training and conducted monitoring visits in five PAMI districts to ensure proper antibiotic use and guideline adherence. These activities are critical to operationalising the NCP, ensuring evidence-based interventions guide cholera prevention and control across high-risk areas.

Through these efforts, Zambia and Bangladesh are setting a strong example of integrating NCP frameworks with operational capacity, demonstrating how strategic coordination of surveillance, laboratory, and case management systems can drive effective cholera control.

- **Oral Cholera Vaccine**

The CSP strengthened preventive OCV (pOCV) immunisation efforts by coordinating a webinar on PAMI prioritization for 7 countries (Nigeria, Nepal, Zambia, Cameroon, Sudan, Somalia, Ethiopia), building capacities and addressing country-specific challenges. The CSP also provided technical support for pre- and post-submission review of pOCV applications for Kenya, Cameroon, and Malawi, and supported Gavi pre-screening of 3 pOCV applications in September 2025, Sudan, Nigeria, and Cameroon, ensuring high-quality submissions prior to IRC review.

Bangladesh, Mozambique, and the DRC are poised to lead the rollout of preventive oral cholera vaccination campaigns in early 2026., enabled by Gavi support and sustained technical assistance from the CSP.

- **WASH**

In 2025, the CSP strengthened cholera prevention through targeted WASH actions across multiple countries. The CSP pioneered micro-hotspot mapping in Bangladesh to identify high-risk PAMIs, analyse key drivers of cholera persistence, and inform costed mitigation strategies.

In Nepal, CSP supported the development of a detailed, costed WASH plan for PAMIs and convened a coordination workshop engaging 46 participants from 18 organisations. In the DRC, CSP supported the initiation of WASH assessments to guide targeted investments in cholera hotspots. CSP also advanced sanitation advocacy in

Nigeria through World Toilet Day commemorations, strengthening multisectoral collaboration and promoting safe sanitation and hygiene as core pillars of cholera control.

- **Emergency Preparedness and response.**

The CSP, in collaboration with the Zambia Red Cross Society, IFRC, and with funding from FCDO, supported the national rollout of the Case Area Targeted Interventions (CATI) approach in Zambia to strengthen cholera prevention and response. Through cascaded trainings across provinces, 384 health care workers and 169 community-based volunteers were trained in CATI. In 2025, CATI, integrated with risk communication, community engagement, and active surveillance, contributed to containing outbreaks in affected areas, reaching 100,607 people in targeted districts.

To reinforce community-level prevention, CSP supported the distribution of over 14,000 hygiene kits across six provinces, strengthening rapid, localized response and reducing cholera transmission. A recent FCDO field visit highlighted the impact of rapid, community-level CATI deployments in Zambia and underscored prospects to scale up the approach in Mozambique to enhance cholera prevention and response.

- **Cross-border collaboration and coordination**

In June 2025, AU Heads of State from 20 cholera-affected countries reaffirmed their commitment to eliminate cholera by 2030 at an Emergency Extraordinary Meeting led by Africa CDC and the AU Commission. The CSP supported the establishment of a continental cholera control taskforce planned for 2026, co-organised in October 2025, a WHO-led continental workshop with over 70 health and WASH leaders and strengthened collaboration with Africa CDC through its formal engagement in the GTFCC and joint participation in the IMST. The CSP supported cross-border coordination initiatives, including DRC–Zambia and Zambia–Tanzania workshops, to strengthen cholera control, outbreak detection, and response. This led to the establishment of formal coordination and communication mechanisms to enable rapid alerts and field action.

- **Research**

In 2025, the CSP advanced cholera research through several initiatives at country, regional, and global levels. In Zambia, CSP-supported studies generated high-impact evidence on cholera response, leading to two peer-reviewed publications and FCDO funding for national CATI scale-up. In DRC, a Francophone research symposium strengthened collaboration and identified priorities for multi-country studies. In Mozambique and Bangladesh, CSP conducted research mapping and prioritisation workshops, highlighting evidence gaps, especially in community engagement and securing government commitment to strengthen research coordination.

Globally, CSP led the refresh of the Global Cholera Research Agenda, conducting over 50 interviews and multiple consultations with technical and donor stakeholders, while enhancing cholera's visibility in platforms such as the WHO R&D Blueprint and Gates Foundation processes. These efforts position CSP to inform policy, operations, and investment toward the 2030 cholera elimination goal.



In Côte d'Ivoire, the country confirmed its first cholera outbreak in 15 years in May 2025 in Vridi Ako, a coastal fishing village in Abidjan District. By October 2025, the outbreak had spread to 556 cases and 24 deaths across six health districts. The Red Cross of Côte d'Ivoire deployed 193 trained volunteers implementing the RC-CATI (Red Cross Red Crescent Case Area Targeted Interventions) approach, reaching 42,587 people through social mobilization, disinfecting 399 boats, 81 motorcycle taxis, 271 public latrines and 304 households, and referring 219 severe cases to health facilities. The intervention successfully contributed to outbreak containment in 5 of 6 affected districts, demonstrating the critical value of community-centered epidemic response through earlier case detection, reduced severity, and growing community trust. © Moustapha Diallo/IFRC

## Cholera in communities

This year has seen several key developments in cholera within communities, including the approval of one full Early Action Protocol (EAP) and three simplified EAPs (sEAPs) for cholera, with many other National Societies beginning the development of sEAP documents. The year has also seen the consolidation of strategy and the development of related tools, with National Societies now being encouraged to combine the development of sEAPs for cholera with the creation of Cholera Contingency Plans, based on a template finalized by Geneva in 2025 and aligned with their Government's National Cholera Plan (NCP). Capacity mapping templates and surveys have been carried out in support of these efforts.



Eight Oral Cholera Vaccine (OCV) campaigns were supported, and the IFRC successfully secured funding from CDC Atlanta for an additional year of the OCV program, as well as from ECHO in partnership with WHO and UNICEF for a wider cholera program in southern Africa. Peer-to-peer support networks were strengthened, and online/refresher training was provided. Technical expertise was mapped across National Societies, the IFRC, and Partner National Societies (PNS).

Engagement with Ministries of Health and Water, Africa CDC, WHO, UNICEF, ECHO, and donors has reinforced the auxiliary role of National Societies and secured support for both preparedness and long-term programming.

## WASH In Emergencies

- **Kenya Red Cross Establishes First Global South-Led Emergency Response Unit**

In 2025, the Kenya Red Cross Society (KRCS), with support from the Norwegian Red Cross and the IFRC, successfully finalized and established a WASH Emergency Response Unit for global deployment. This historic achievement marks the first time that a National Society outside the Global North will hold an Emergency Response Unit of any type, representing a watershed moment for the global humanitarian system. This milestone builds on Kenya's pioneering Expression of Interest submitted in 2024 and demonstrates the IFRC's commitment to diversifying participation and localizing emergency response capacity.

By hosting an ERU, KRCS will now deploy internationally to support other National Societies during emergencies, bringing technical expertise and cost-effective solutions to humanitarian crises. This shift towards greater representation from the Global South strengthens the legitimacy and effectiveness of international humanitarian response while reducing dependency on northern-led deployments. The Kenya Red Cross WASH ERU sets a precedent that will enable other National Societies from the Global South to follow suit, ultimately building a more equitable and sustainable global emergency response system.



Regarding the water distribution in Las Dalias, Ecuador, in Esmeraldas province, here's an update from the Red Cross. On Friday, June 6th, approximately 10,000 liters (possibly more) were distributed door-to-door, as shown in the photos and videos. In addition to this tanker, three more were dispatched that morning, though I don't have information on which communities received those distributions. Another two tankers were sent out in the afternoon. In total, six tankers were deployed that day, with each tanker having a capacity of approximately 20,000 liters. © Raziel Uranga/IFRC



- **Seven WASH ERU Deployments Demonstrate Expanded Reach and Regional Engagement**

In 2025, the IFRC supported seven WASH Emergency Response Unit deployments across multiple contexts, reaching vulnerable communities affected by floods, drought, oil spills, and earthquakes. Through the revised and expanded WASH ERU model, these operations reached far more people at significantly lower cost while meaningfully expanding the engagement of National Societies from the Global South in international emergency response.

In Nigeria, WASH ERU support facilitated recovery from large-scale flooding that had occurred the previous year. This deployment also included a shadow mission of Kenya Red Cross staff, enabling them to gain practical experience supporting their National Society's development of its own WASH ERU capacity. The ongoing Somaliland operation addresses acute water needs during severe drought conditions. The increasing use of the Water Supply and Rehabilitation (WSR) and Household Water Treatment and Safe Storage (HWTS) modules is allowing the IFRC to reach more people while lowering costs. Furthermore, WSR deployments are demonstrating sustainable improvements in water supply infrastructure, providing a mechanism to increase community resilience in a time of decreasing long term developmental funding.

In Ecuador, the IFRC supported the Ecuadorean Red Cross to respond to a major oil spill. This operation marked the first deployment of the Central America WASH Hub established in Honduras. This regional response mechanism demonstrated more efficient mobilization and enhanced coordination for emergency WASH interventions in the region.

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The M15 water treatment plant of the Wash Hub is currently in full swing, producing water for distribution at various points throughout Esmeraldas following the recent oil spill. This vital operation has been running continuously since the plant's arrival, playing a crucial role in providing clean water to affected communities. © Raziel Uranga/IFRC





Emergency WASH teams carrying out rehabilitation of water supply system in Cabo Verde.

The Myanmar M15 ERU deployment provided critical WASH support following a devastating earthquake. In Cabo Verde, the IFRC deployed three separate ERU modules (WSR, HWTS, and MSM20) in response to flooding, demonstrating that ERUs can be effectively scaled to smaller contexts without overwhelming National Society capacity. This flexible, modular approach allows the IFRC to tailor emergency response to the specific needs and absorption capacity of each National Society, ensuring that support strengthens rather than substitutes local leadership.

These deployments collectively showcase the versatility of the modernized ERU approach, which prioritizes lightweight teams, technical capacity building, and National Society leadership over heavy equipment shipments and externally driven operations.

- **Strengthening WASH Surge Capacity Through Strategic Human Resources Development**

Recognizing the critical importance of having the right people in the right place at the right time, the IFRC launched two complementary initiatives in 2025 to expand and improve its pool of WASH surge personnel. These efforts aim to build a more diverse, regionally representative, and skilled network of WASH emergency responders capable of supporting National Societies during crises.

The first initiative, a Rapid Response Management System (RRMS) WASH Call for Applications, was designed to identify and expand the IFRC's network of WASH human resources, particularly at the regional level. By actively recruiting talent from the Global South and ensuring regional representation, this call for applications strengthens the IFRC's ability to deploy culturally appropriate, language-capable, and regionally knowledgeable WASH experts. This approach reduces deployment costs, improves operational effectiveness, and further advances the localization agenda by ensuring that surge support comes increasingly from within the affected region.

The second initiative, the WASH Surge Decision Making online course, was developed to improve the selection and deployment of appropriate WASH surge tools and methodologies in emergency operations. This course equips WASH delegates, coordinators, and National Society staff with the knowledge and analytical frameworks needed to assess emergency contexts and select the most effective WASH interventions. By standardizing decision-making processes and building technical competency across the network, the course ensures higher quality WASH programming and more strategic use of limited emergency resources. Together, these initiatives represent a long-term investment in building a stronger, more capable, and more diverse WASH emergency response workforce.

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A woman collects water in a drought- and flood-prone community in Somali region, Ethiopia. © WHCA



## Water and Climate

- **Water at the heart of climate action**

The climate and environmental crisis is a major driver of humanitarian needs, disproportionately affecting people already facing vulnerability, marginalization and high exposure to risk. Across contexts, climate impacts are closely linked to water insecurity, with the increasing frequency and intensity of extreme weather events affecting the availability, quality and predictability of water resources. These trends exacerbate health risks, undermine livelihoods and increase the vulnerability of communities to recurrent shocks and long-term stresses.

Within this context, the IFRC Network recognizes water security as a critical entry point for climate adaptation, disaster risk reduction and anticipatory action. The Water at the Heart of Climate programme is implemented in Ethiopia, Sudan, South Sudan, Uganda and Rwanda through a coordinated approach led by the IFRC Water and Climate Units, in collaboration with the World Meteorological Organization (WMO), the Systematic Observations Financing Facility (SOFF) and the United Nations Office for Disaster Risk Reduction (UNDRR).



Delivered in close partnership with National Societies and other IFRC network actors, the programme aims to strengthen community resilience by improving the ability of at-risk communities to understand, trust and act on early warning information, and by investing in climate-resilient, sustainable and locally led water, sanitation and hygiene (WASH) infrastructure adapted to community-specific needs.

In 2025, the programme completed its inception phase and entered full implementation. All five participating countries developed country-specific implementation plans outlining priority activities for the remaining four years of the programme cycle. Regional and technical working groups have established coordinated support mechanisms to accompany and strengthen country teams throughout implementation.

The programme will now transition into a second phase of implementation, supported by EUR 5 million in funding from the Government of Italy for three of the five countries. This funding will focus on scaling locally led, sustainable water actions for climate adaptation and disaster risk management at district and community levels.

Children collect water in Uganda. © WHCA





In response to the growing humanitarian needs caused by the oil spill in the Esmeraldas River, Ecuador, the Honduran Red Cross has deployed an advanced M15 water purification system. This system will provide safe water to over 15,000 people daily in the most affected communities. Two water, sanitation, and hygiene specialists have also been deployed as part of the IFRC emergency appeal to protect the health and livelihoods of people affected. © Jefferson Mejía/ Honduran Red Cross

- **WASH, Energy and Waste in Health Care Facilities**

In parallel, the IFRC Network continues to contribute to global advocacy and coordination efforts to strengthen essential services in health care facilities. In 2025, several regional trainings, global coordination meetings and country-level assessments were jointly convened with the World Health Organization (WHO) and UNICEF, focusing on WASH, energy and waste management in health care settings.

- **Strengthening Knowledge Management and Learning in IFRC WASH**

Building on the findings of the 2024 Knowledge Management Survey (full results available at: <https://watsanmissionassistant.org/#resultsKMsurvey2024>), the IFRC WASH team undertook a major transformation of how technical knowledge and operational resources are shared across the IFRC network. The survey clearly highlighted the need for easier access to up-to-date guidance, improved organization of technical materials, and more opportunities for peer-to-peer exchange beyond static document repositories.

In response, the IFRC WASH team conceptualized and launched a new IFRC WASH web platform ([wash.ifrc.org](https://wash.ifrc.org)), designed to become the primary entry point for WASH technical information across the Red Cross and Red Crescent Movement. The platform will progressively replace the WatSan Mission Assistant, shifting from a fragmented document library to a more structured, curated and user-centred knowledge hub. It brings together guidance documents, toolkits, training materials, operational templates and information, education and communication (IEC) resources in a single, searchable and regularly updated space, making it easier for National Societies, delegates and volunteers to access relevant information when and where it is needed.

Complementing the website, a new IFRC WASH Community of Practice (CoP) was launched to address another key finding of the survey: strong demand for more dynamic, real-time knowledge exchange between practitioners. While the website hosts formal, validated and standardized technical content, the Community of Practice provides a flexible and interactive space for peer-to-peer learning. Members use the platform to exchange field experiences, ask technical questions, share draft tools and innovations, advertise job opportunities, and promote upcoming trainings and events.

Together, these two platforms form a balanced and integrated Knowledge Management ecosystem for IFRC WASH, combining quality-assured technical guidance with active peer learning and collaboration. Since its launch in 2025, the WASH Community of Practice has grown to 264 members, reflecting strong engagement from National Societies, regional teams and partners, and demonstrating a growing culture of knowledge sharing and interconnectedness across the network.

In 2025, the IFRC WASH team also supported external global knowledge exchange through the organization of two global webinars on behalf of the Hygiene Promotion Technical Working Group (HP TWG) of the Global WASH Cluster. One webinar focused on cholera response, while the second addressed solid waste management in humanitarian settings. Each webinar attracted more than 300 participants from a wide range of countries and

Families severely affected by the drought who live on the outskirts Baqbaq, on 24nd June 2022, in Baqbaq village Nugal Puntland Somalia. Additional context: In the outskirts of Somalia's Baq baq village, families rest for two or three days with their animals as they proceed to find pasture. Finding water means the animals can survive the journey to the next village and produce milk for the young children which increases calcium. © Hanad M. Salah/IFRC



organizations, demonstrating strong global interest in both topics. The sessions brought together technical experts and field practitioners, combining global guidance with practical case studies from different regions. Speakers shared lessons learned, operational challenges and effective approaches from their field experience, enabling participants to directly link technical standards with real-world implementation.

These webinars strengthened cross-agency knowledge exchange within the humanitarian WASH and hygiene promotion community, supported collective learning, and contributed to improving the quality, consistency and effectiveness of WASH and public health interventions in emergency contexts worldwide.

- **Hygiene promotion**

In 2025, the IFRC updated the Hygiene Promotion (HP) Box, a core operational tool for WASH and public health in emergencies, integrating cross-cutting priorities such as PGI, CEA, and MHM. The physical kit now covers a wider range of public health risks, including cholera, diarrhoeal and vector-borne diseases, enabling responders to tailor hygiene promotion to diverse contexts.

A new Virtual HP Box complements the physical kit, providing instant access to standardized, locally adaptable IEC materials, guidance notes, and training resources. This digital platform allows real-time updates, integration with mobile and community channels, and rapid adaptation to evolving emergencies.

Together, the physical and virtual HP Boxes form a flexible, accessible, and accountable system that strengthens the quality and reach of hygiene promotion, supporting more effective public health outcomes in emergencies.



- **Trainings around the world**

In 2025, the IFRC WASH team participated in the **Community Case Management of Cholera** (CCMC) ERU training organised by the Swiss Red Cross in Fiesch, Switzerland. The week-long training brought together participants from more than ten countries, including public health, WASH, epidemic control and team leader profiles, reflecting the multidisciplinary nature of cholera response.

The training focused on enabling teams to rapidly set up and operate Oral Rehydration Points (ORPs) in cholera-affected communities, providing a critical first line of care and reducing barriers to access to life-saving treatment. By embedding WASH expertise into the CCMC model, the training strengthened infection prevention, safe water and hygiene practices around ORPs, contributing to more effective and safer cholera outbreak responses.

In 2025, the IFRC WASH team also worked on **updating and consolidating the main cholera training** packages, including RC CATI, Oral Rehydration Points (ORP) and Oral Cholera Vaccine (OCV). Previously, each of these trainings included its own introduction to cholera, leading to duplication and reducing the time available for practical, role-specific learning.

By standardizing the introduction to cholera into a single, shared module and integrating key cross-cutting themes, the team created a more coherent and efficient training pathway. This approach allows participants in RC CATI, ORP and OCV trainings to start with a common foundation and frees up valuable time in the subsequent modules for hands-on practice, simulations and operational problem-solving. To further increase accessibility and scalability, the team is currently developing e-learning versions of the standardized cholera introduction and the OCV training. These digital modules will allow staff and volunteers to complete core learning in advance or remotely, making in-person training more focused, flexible and impactful, and strengthening cholera preparedness across the IFRC network.

The HP team continues to expand its outreach, ensuring that more practitioners are prepared to address hygiene-related challenges in various contexts. These efforts contribute to the ongoing professional development of the WASH community.

## Urban WASH

- **Ghana Urban WASH Programme Concludes, Demonstrating Scalable Model for Utility Partnerships**

In 2025, IFRC, Ghana Red Cross Society, and Netherlands Red Cross successfully concluded their three-year Urban WASH pilot programme, providing proof of concept for how Red Cross partnerships with water utilities can achieve sustainable impact at scale. The programme connected 11,000 households to the water network with a total investment of USD 7.8 million (including USD 2.5 million in co-financing from partners including Ghana Water Company Limited, Dutch utility VEI, UNICEF, and CONIWAS). The programme's integrated approach combined infrastructure development with community engagement and accountability (CEA), climate resilience programming, protection, gender and inclusion (PGI), and behavior change communication—ensuring households gained not just physical connections but also sustainable water management practices.

Ghana's success has catalyzed continued partnership development, with Ghana Red Cross, Netherlands Red Cross, IFRC, and Ghana Water Company actively pursuing resource mobilization through innovative blended finance mechanisms. The programme phase-out in 2026 will focus on comprehensive knowledge consolidation and dissemination, making lessons learned available to National Societies seeking to replicate this approach.

- **Togo Urban WASH Collaboration with IsDB Catalyzes USD 30 Million Proposal Development.**

In 2025, IFRC and Togolese Red Cross successfully established a collaboration model with the Islamic Development Bank (IsDB) and the Togolese government, facilitated jointly with IFRC's Abuja Cluster Delegation. This ongoing partnership demonstrated the Red Cross value proposition in supporting government-led water infrastructure programmes through community engagement, behavior change, and ensuring services reach vulnerable populations.



Construction of latrines as part of the project financed by the IsDB. © Aduratomi Bolade/IFRC





Togolese Red Cross staff using a handwashing system integrated into the construction of latrines as part of the IsDB-funded project © Aduratomi Bolade/IFRC

Building on this successful collaboration, IFRC and Togolese Red Cross are now working closely with the Togolese government (Ministry of Water, SP-EAU, Togolaise des Eaux) and OPEC Fund to develop a comprehensive five-year programme proposal: the Programme for Strengthening Water Supply and Sanitation in Anié (PREAA). The proposed USD 30 million initiative would benefit 160,000 people by increasing water production eight-fold (from 490 m<sup>3</sup>/day to 4,000 m<sup>3</sup>/day), expanding the distribution network from 16 km to 50 km, and constructing a fecal sludge treatment station and 500 household latrines. This demonstrates how proven Red Cross-government-development bank partnerships can attract additional development finance for scaled urban WASH programming.

- **Kenya and Tajikistan Pilots Expand Geographic Reach and Partner Diversity**

Kenya Red Cross, Netherlands Red Cross, and IFRC launched a new collaboration with Kisumu Water and Sanitation Company (KIWASCO) in 2025, focusing on pro-poor household connections and utility disaster preparedness. Kenya Red Cross is supporting KIWASCO through technical staff training and development of County Disaster Response Contingency Plans, demonstrating how National Societies can strengthen utility resilience to climate-related emergencies. KIWASCO presented this partnership at the 6th Water Operators Partnerships Congress in Bonn in October 2025, gaining international visibility for the Red Cross role in supporting utilities in fragile contexts.

In a strategic milestone, IFRC, Japanese Red Cross, and Red Crescent Society of Tajikistan finalized an agreement to collaborate with Japan International Cooperation Agency (JICA) on a two-year water supply project in Jomi District serving 50,000 beneficiaries. This marks the first formal JICA-Red Cross collaboration in urban WASH. The Red Cross partnership will focus on community engagement and behavior change to support JICA's metered tariff system implementation, demonstrating that infrastructure investments require complementary community mobilization to ensure equitable access and sustainability. Implementation begins in 2026.

- **Strengthening Capacity and Global Visibility for Urban WASH Approach**

The Urban WASH Technical Working Group operated effectively throughout 2025 with 32 members from 11 National Societies, organizing four sessions featuring Kenya Red Cross on disaster preparedness support and Zambia Red Cross on cholera preparedness training for utilities, alongside technical deep-dives on urban hygiene promotion and solid waste management. In collaboration with Netherlands Red Cross, IFRC developed and disseminated a comprehensive Urban WASH framework document articulating the Movement's value proposition and providing operational guidance across six focus areas: pro-poor regulatory support, urban-tailored behavior change, community integration in Water Operator Partnerships, multi-stakeholder collaboration, National Society capacity building, and climate adaptation.

At the 6th Water Operators' Partnerships Conference in Bonn, IFRC co-organized a session showcasing how humanitarian actors support utilities through risk mitigation, emergency preparedness, and blended finance. The conference enabled IFRC to initiate strategic discussions with water operators, development partners, and UN-HABITAT/GWOPA on leveraging Water Operators' Partnerships in priority countries, with several potential collaborative opportunities emerging for 2026 and beyond.



## Water And Peace

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- **Positioning Water and Peace on the Global Stage.**

In 2025, the Water and Peace initiative focused on raising awareness of water's role in peacebuilding through participation at key global forums, including the Water Security in Asia-Pacific Forum in Bangkok, AidEx in Nairobi and Geneva, World Water Week in Stockholm, and Geneva Peace Week. The initiative finalized strategic partnerships established in 2024, including agreements with the Geneva Water Hub and the Water, Peace and Security Consortium. Under the KOICA partnership, programmes were launched in Yemen, Jordan, and Iran to address water security challenges in conflict-affected contexts.

# EXPANSION OF EXISTING PARTNERSHIPS AND NEW PARTNERSHIPS

## Partnerships 2025

- The IFRC continues to strengthen its relationship with the Global Taskforce on Cholera Control (GTFCC), through housing the GTFCC's operational arm, the Country Support Platform, maintaining its representation in the GTFCC Steering Committee and contributing to the various technical working groups, including surveillance, OCV, case management, WASH and RCCE. In 2025, the CSP secured multi-year funding from the Gates Foundation, enabling expansion to eleven countries across four regional hubs in Africa and Asia, and deepening support for National Cholera Plan implementation toward the 2030 elimination goal.
- In mid-2025 we signed an MoU with the Geneva Water Hub focused on joining forces to help prevent water-related impact from armed conflicts ('sparing water') and promote water as an instrument of peace ('sharing water'), particularly in fragile and conflict-affected states and communities worldwide.
- In June 2025 we also signed an MoU with the Asian Institute of Technology (AIT) focused on strengthening WASH-related capacity, innovation, and community impact across the Asia-Pacific region through AIT's Global Water & Sanitation Center and its seven specialized hubs.

- **Sanitation and Water for All (SWA) Partnership**

The partnership with Sanitation and Water for All (SWA) reached a second milestone in 2025. IFRC participated in the Sector Ministers' Meeting in Madrid, which concluded with the official launch of The Madrid Commitment on Water Security, Sanitation and Climate Resilience. This global commitment aims to accelerate progress towards universal access to climate-resilient drinking water and sanitation services, while strengthening sustainable water management at all levels as a foundation for human rights, prosperity and stability.

Endorsed by 25 countries, the Madrid Commitment reflects the Sector Ministers' Meeting theme of uniting political leadership to integrate water, sanitation and climate action. Through ministerial dialogue, collaboration and accountability commitments, participating governments reaffirmed their role in advancing the human rights to water and sanitation for everyone, everywhere.



# HUMAN RESOURCES AND FUNDING

## Human Resources

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- Global Cholera coordinator position based in Zimbabwe financed by ECHO, CDC, Netherlands and Finish Red Cross
- We renewed our agreement with the Swiss Agency for Development and Cooperation (SDC) to continue seconding Water Experts as part of a strategic partnership to strengthen global humanitarian capacity on water security and WASH.
- We renewed our secondment agreement for 2026 with the Austrian Red Cross for the secondment of the Hygiene Promotion Position.
- The WSS unit continues having support from two urban WASH advisors from the Netherlands Red Cross.



## Funding

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- CSP signed a new 3-year agreement (2026-2028) with the Gates Foundation for approximately \$7.4M to support countries in developing and implementing National Cholera Plans, with first transfer of ~\$2M received in December 2025.
- CSP signed a Gavi service agreement CHF 123,000 to support Sudan, Nepal, and Malawi in developing preventive vaccination applications.
- CSP was supported by a Wellcome-BRC grant top up covering July 2025 - June 2026 was GBP 327,899.
- In March 2025, IFRC signed an ECHO SAIO Agreement for cholera in for 417.356 EUR. This is a first of a kind partnership with WHO and UNICEF for Prevention, early detection and rapid response to cholera and other waterborne diseases/AWD outbreaks in Southern African Region.





# HUMAN RESOURCE SUPPORT FROM PARTNER NATIONAL SOCIETIES

## + British Red Cross

Number of Staff: 1  
Location: UK  
Full time  
Duration of contract: 1 year (renewed annually)  
Start date: 2025  
Focus area: Cholera Country Support Platform Research

## + Netherlands Red Cross

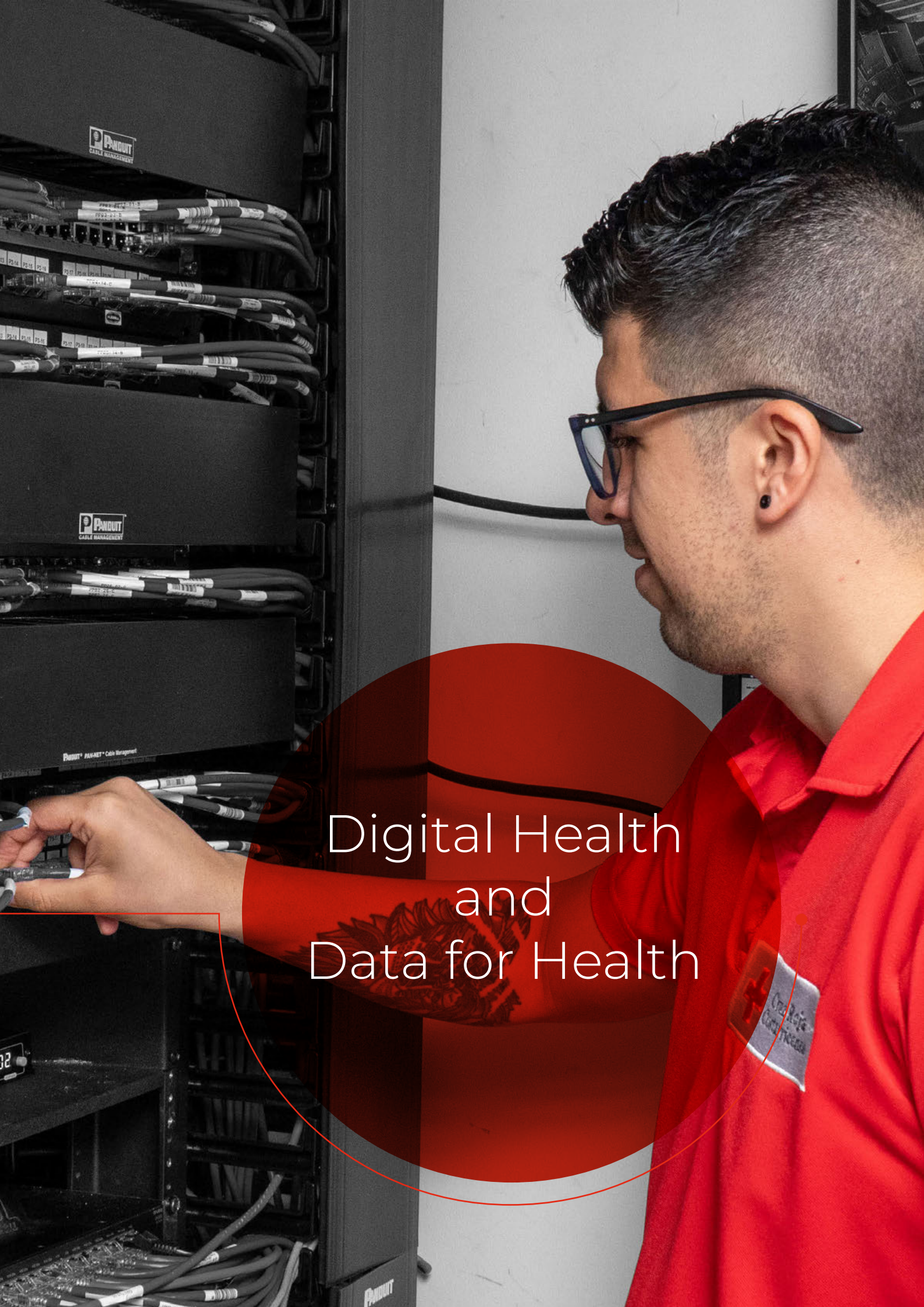
Number of Staff: 2  
Location: Netherlands  
Part Time (20%)  
Duration of contract: 1 year (renewed annually)  
Start date: 2025  
Focus area: Urban Water Action

## + Austrian Red Cross

Number of Staff: 1  
Location: Austria  
Full time  
Duration of contract: 1 year (renewed annually)  
Start date: September 2025-2026  
Focus area: hygiene promotion

In Guiwa village, in the East region of Cameroon, the Cameroon Red Cross is working to keep communities safe from acute watery diarrhoea (AWD) through the Community Epidemic and Pandemic Preparedness Programme (CP3). Volunteers are sensitizing communities about the importance of hand-washing and using clean sources of water to reduce their risks of disease. Volunteers are helping communities to keep their spring as clean as possible and clean the environment around their homes, though the village is still in need of a suitable borehole.

© Paul Wu/IFRC



Digital Health  
and  
Data for Health

# EMERGENCY-READY DIGITAL HEALTH SOLUTION – RCHIS

IFRC strengthened the foundations of the Red Cross and Red Crescent Health Information System (RCHIS) so that it is ready to support health service delivery in emergency contexts.

RCHIS can operate offline, online, or in hybrid configurations, allowing care and data capture to continue in low-connectivity and fragile settings. Work during the year focused on completing key security, compliance, and governance requirements, alongside building basic training and learning resources to support future use.

RCHIS was also used in practice settings. It supported the Norwegian Red Cross / ICRC Field Hospital training in Nairobi, where around 50 new roster members were trained on the tool and provided feedback based on field experience. The system was also used during the Finnish Red Cross EMT validation exercise in December 2025 and is planned for similar exercises in Japan and other National Societies.

This work was made possible through funding from the Netherlands Government Ministry of Foreign Affairs (through the Netherlands Red Cross), the German Red Cross, and the Japanese Red Cross Society.

- **Professional Health Services Mapping Phase 2 – Turning Mapping Data into Practical Planning and Guidance**

Data from the Professional Health Services Mapping was actively used to support planning and day-to-day work across the Health and Care department.

The mapping helped teams build a clearer picture of professional health service coverage across the Movement and supported internal planning and proposal development. It was used to describe what services are in place, where capacity is stronger, and where gaps remain, using a shared and consistent view.

The work also included support to teams on survey design, launch, and analysis, as well as a review of the digital health technology landscape across National Societies. This helped surface common constraints, gaps, and opportunities linked to digital health work. Towards the end of the year, this work fed into the drafting of a digital health framework to help National Societies think through and guide their own digital health initiatives.

This work was made possible through funding from the Norwegian Red Cross.

- **Helping People Use Health Data More Easily – DHIS2 AI Insights**

IFRC developed the DHIS2 AI Insights app to make it easier for users to work with DHIS2 data without needing advanced technical skills. The app allows users to explore and analyse DHIS2 data by asking questions in plain language, making it easier to look at trends, compare performance across locations, and understand what the data shows.

The application was shortlisted and presented at the DHIS2 Conference in Oslo. It is now featured in the DHIS2 AI section and is available through the official DHIS2 App Hub.

- **Professional Health Services Mapping – Shifting Data Ownership to National Societies**

Steps were taken to shift ownership of Professional Health Services Mapping data back to National Societies, so information can be kept up to date over time.

Building on data gathered on more than 5,600 clinical health facilities across 113 National Societies, the mapping data was integrated into the IFRC GO platform. National Societies can now review and update their own information directly, including facility locations, services, and workforce data.

This allows updates to be made as situations change, without IFRC having to run a new global survey each time.

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

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

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

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage 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.



The **International Federation of Red Cross and Red Crescent Societies (IFRC)** is the world's largest humanitarian network, with **191 National Red Cross and Red Crescent Societies** and around **16 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.

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](mailto:health.department@ifrc.org)