IFRC Health and Care Framework 2030

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

IFRC

HEALTH AND CARE FRAMEWORK 2030

IFRC

192 NATIONAL SOCIETIES

13.7 M VOLUNTEERS

465 000 STAFF

AREAS OF FOCUS

DISEASE PREVENTION AND HEALTH PROMOTION

SERVICE DELIVERY IN HEALTH & WASH

HEALTH & WASH EMERGENCIES PREPAREDNESS AND RESPONSE

EPIDEMIC/PANDEMIC PREPAREDNESS AND RESPONSE

HUMANITARIAN DIPLOMACY IN HEALTH & WASH

AUXILIARY ROLE

DIALOGUE WITH PUBLIC AUTHORITIES AT ALL LEVELS

INCLUSION OF NATIONAL SOCIETIES' PRIORITIES & PROGRAMS INTO SECTORAL STRATEGIES

PARTICIPATION IN POLICY, TECHNICAL AND FINANCIAL PLATFORMS

PROGRA MODAL

COMMU HEALTH &

EMERG HEALTH &

STRATEGY, AND ADV

ENABLERS

NATIONAL SOCIET

PROTECTION, GEND

COMMUNITY ENGAGEMEN

DATA, EVIDENCE AN

INNOVATION AND DIGI

Strategy 2030

SUSTAINABLE DEVELOPMENT GOALS

MMING
LITIES

UNITY
& WASH

ENCY
& WASH

, POLICY
VOCACY

GOAL

HEALTHIER AND MORE RESILIENT COMMUNITIES AND INDIVIDUALS

5 PRIORITIES

CLIMATE AND ENVIRONMENTAL CRISIS

EVOLVING CRISIS AND DISASTERS

GROWING GAPS IN HEALTH AND WELL-BEING

MIGRATION AND IDENTITY

VALUES, POWER AND INCLUSION

3 GOOD HEALTH AND WELL-BEING

6 CLEAN WATER AND SANITATION

1 NO POVERTY

2 ZERO HUNGER

5 GENDER EQUALITY

10 REDUCED INEQUALITIES

13 CLIMATE ACTION

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

17 PARTNERSHIPS FOR THE GOALS

TY DEVELOPMENT

ER AND INCLUSION

NT AND ACCOUNTABILITY

ID ACCOUNTABILITY

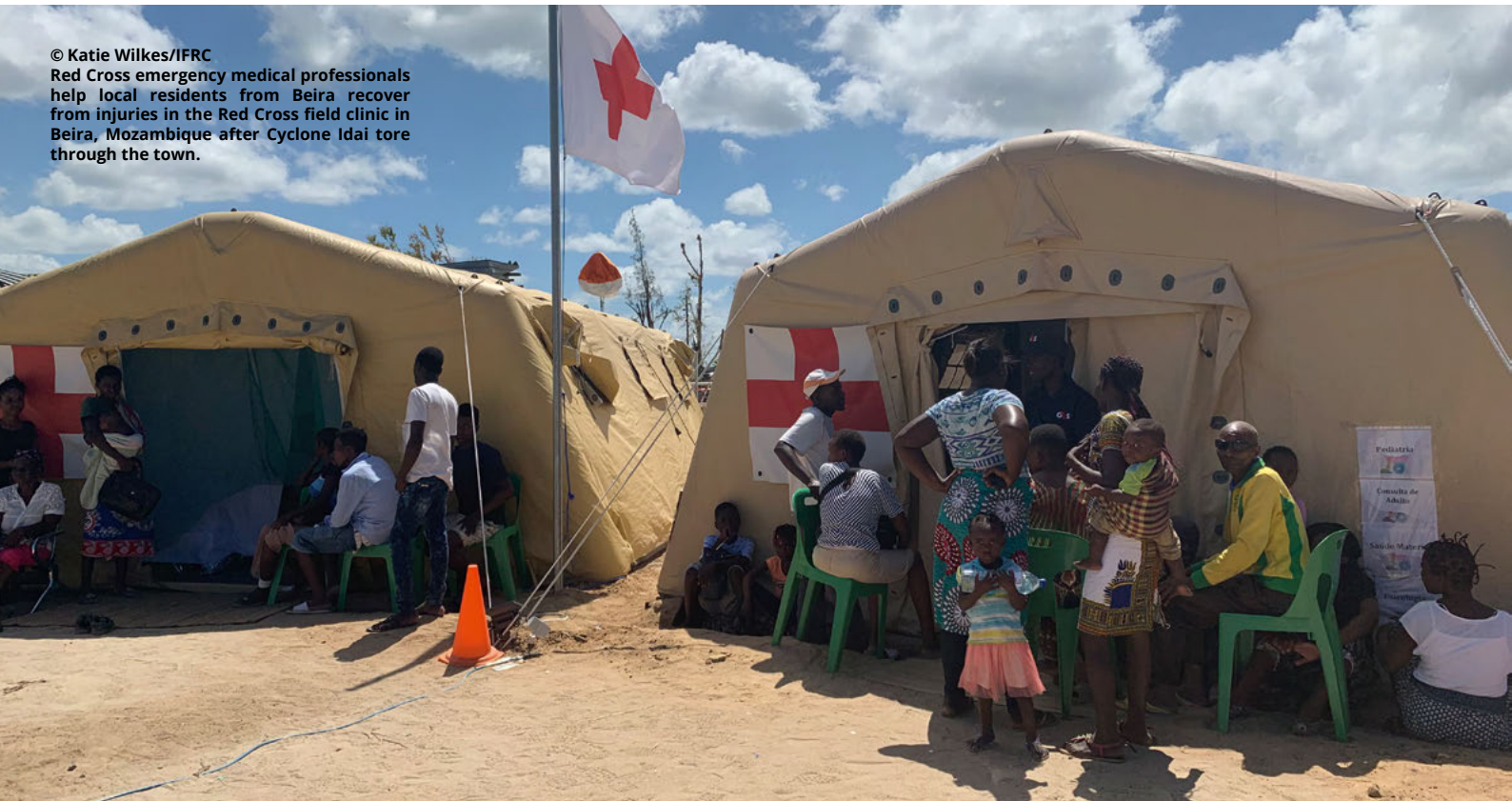
TAL TRANSFORMATION

INTRODUCTION

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

As a result, underlying vulnerabilities, stigma and inequalities within and across communities are pushing already vulnerable and marginalised people into even more precarious states of poverty and ill-health. These groups are 'last mile' communities – the millions that can't access essential health services, and the 100 million people that are pushed into extreme poverty every year because of catastrophic health expenditures[1]. They are also the 780 million people without access to safe water and the 2.5 billion without adequate sanitation[2]. It is these sobering statistics that provide the context to this IFRC Health and Care Framework and which drive our collective work to ensure quality health and Water, Sanitation and Hygiene (WASH) services for all.

1. WHO (2017, December 13). World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses. Retrieved from who.int/news-room/detail/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses
2. CDC (2016, April 11). Global WASH Fast Facts. Retrieved from https://www.cdc.gov/healthywater/global/wash_statistics.html



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

THE IFRC HEALTH AND CARE FRAMEWORK

The purpose of this IFRC Health and Care Framework, hereafter 'the Framework', is to (i) present the collective priorities and programming modalities that define the work of the IFRC[3] in health and care[4]; (ii) illustrate a pathway for National Societies' engagement with public health authorities in their auxiliary role around health and care; and (iii) link the work of the IFRC in health and care to the global agenda of the Sustainable Development Goals (SDGs).

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

The Framework is being developed in alignment with the IFRC Strategy 2030. It represents a deeper analysis on how the technical sectors of health and WASH can respond to the ambitious agenda of Strategy 2030. The Framework attempts to do so by providing clarity on collective priorities with the intention to develop a common understanding for collective action. The current Framework benefited from the review, discussion and revisions within the IFRC Reference Group on Global Health, which brings together more than 40 National Societies with specific interest in global health. The draft Framework was presented to the Governing Board for initial review in 2019. After incorporating comments from Governing Board Members, the draft was submitted to the General Assembly in December 2019 for consultation with National Societies. The final draft, produced based on feedback received at the General Assembly, will be submitted for approval in 2020.

3. For the purposes of this document, the IFRC will refer to the 192 National Red Cross Red Crescent Societies and the IFRC Secretariat.
4. The term health and care is used as an umbrella term, intended to capture the broad spectrum of health, social care and WASH activities of the 192 National Red Cross Red Crescent Societies.

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

The Framework, presented in the graphic above, is described in the following sections:

- **Section 1** outlines the IFRC's contribution to global health and WASH, highlighting the scale and reach of the work of Red Cross Red Crescent National Societies;
- **Section 2** presents the areas of focus in health and WASH that define the specific contribution and comparative advantage of Red Cross Red Crescent National Societies;
- **Section 3** describes National Societies' auxiliary role in health and WASH as anchor to national strategies, policies and platforms;
- **Section 4** provides an overview of the three health and WASH programming modalities that should guide the IFRC's planning;
- **Section 5** presents the enabling factors to ensure that programs are effective and efficient;
- **Section 6** clarifies the overarching goal of health and WASH activities of the IFRC and the link with Strategy 2030;
- **Section 7** illustrates the IFRC's contribution to the SDGs; and
- **Section 8** discusses next steps for the operationalization of the Framework.

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

1. THE IFRC'S CONTRIBUTION TO GLOBAL HEALTH AND WASH: 192 NATIONAL SOCIETIES, 13.7M VOLUNTEERS AND 465,000 STAFF

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

The IFRC consists of 192 National Societies, with an estimated 465 thousand staff and 13.7 million volunteers[5]. Latest available data indicate that, annually, some 103 million people are reached directly with health services, as well as another 15.9 million through WASH. These numbers highlight the significant contribution of the IFRC to global health and WASH outcomes. For many National Societies, long-term health and care programmes often form the foundation to the sustained presence in communities and to their ability to respond promptly and effectively during emergencies. It is this sustained presence that builds trust and a deep understanding of communities' health risks, vulnerabilities and inequities.

5. IFRC (2019). Everyone Counts Report 2019. https://media.ifrc.org/ifrc/everyone-counts-report-2019/

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

	AFRICA	AMERICAS	ASIA PACIFIC
WASH	6,635,262	207,460	2,414,118
Social Inclusion	1,201,199	161,590	5,770,871
Shelter	167,204	1,862,273	557,149
Migration	2,299,232	233,026	521,134
Livelihoods	1,037,040	372,347	581,614
Health	22,717,615	13,521,406	42,904,689
Disaster risk reduction	2,844,652	2,612,685	3,140,120
Cash Transfer Programming	332,239	380,115	230,854

National Societies work across a wide spectrum of health and care service provision, ranging from promotion, prevention, diagnosis, treatment, rehabilitation and palliative care. This spectrum includes hospital care in Japan, ambulance services in Lebanon, social care work in Austria, hand washing in Haiti as well as mother and child community health clubs in Nigeria. This broad range of activities reflects the varying contexts within which we operate, spanning both humanitarian and development settings. It is our consistent and sustained presence within communities that enables us to bridge the humanitarian-development nexus, as we accompany those affected by armed conflicts, protracted crises and disasters, as well as those who otherwise cannot access quality health care in a multitude of contexts spanning the 192 countries where we are present. It is the IFRC's collective commitment to ensure that everyone, everywhere has access to the health services they require, in all contexts – humanitarian and development settings - that defines our work in health and care. We do this by ensuring the delivery of community-led, people-centred interventions that as far as possible account for the social, economic and environmental determinants of health across a person's life course.

EUROPE AND CENTRAL ASIA	MIDDLE EAST AND NORTH AFRICA	GRAND TOTAL
2,019,098	4,629,087	15,905,025
2,631,773	1,172,880	10,938,313
51,933	6,615,475	9,254,034
409,384	137,298	3,600,074
4,805,713	6,932,932	13,729,646
6,935,605	16,887,360	102,966,675
1,319,092	2,673,540	12,590,089
1,887,260	147,506	2,977,974

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

2. AREAS OF FOCUS

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

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

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

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

- **Service delivery in health and WASH:** In contexts where this is appropriate, staff and volunteers are involved in task shifting[6], learning and implementing new skills and tasks to confront the most important health problems for their local contexts including ensuring that operations are inclusive reaching out to the most vulnerable and marginalised such as persons living with disabilities. Staff and volunteers are for instance involved in integrated community case management, home and community-based care programs, psychological support, harm reduction, water supply projects, etc. Any such approach is defined in collaboration with local authorities in view of social, financial and political considerations. National Societies that decide to engage in service delivery for health and WASH do so in a way that is sustainable and within the capacities of volunteers and staff. In a limited number of countries this engagement may lead National Societies to be involved in the management of hospitals, clinical services and mental health cares. Ensuring minimum standards of quality care and providing adequate protection and support to

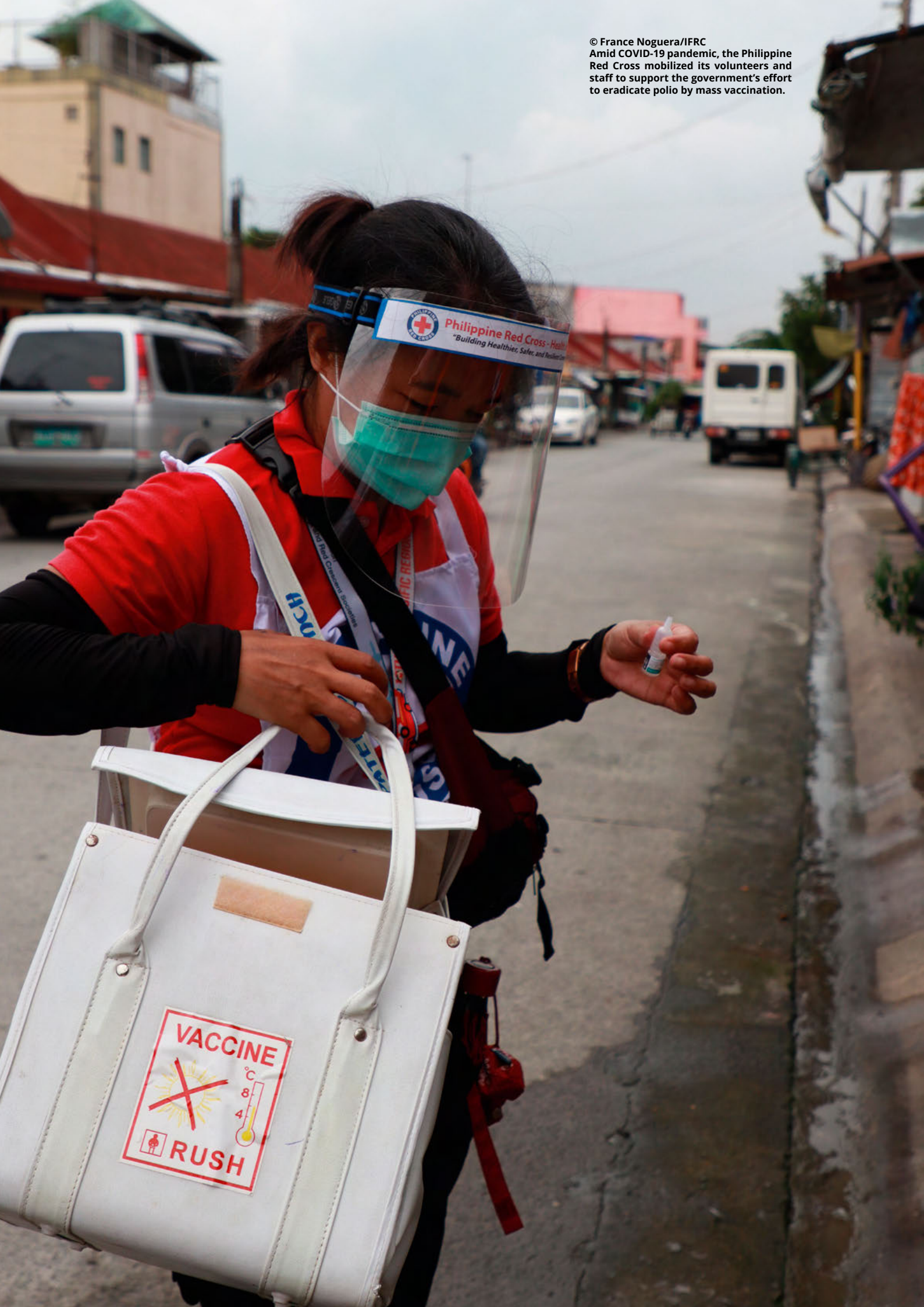
6. Task shifting is defined as the delegation of basic public and mental health and medical tasks from qualified health professionals to community health workers and/or volunteers in coordination with relevant actors, such as ministries of health.

volunteers in the form of training, mentoring and supervision, support systems and insurance, amongst other key issues, is a priority within all elements of the IFRC engaged in this area.

- **Health and WASH emergencies preparedness and response:** All over the world volunteers trained in first aid (traditional and psychological first aid [PFA]) and in pre-hospital care serve their immediate communities during emergencies. National Societies invest in preparedness for natural disasters and man-made hazards, equipping volunteers and communities with the knowledge and tools to be ready when a disaster strikes. The IFRC encourages National Societies coming together under the IFRC umbrella to provide an integrated response to large scale health and WASH emergencies during natural or man-made disasters. Lastly, the IFRC supports national authorities to strengthen community, health and social welfare systems, and supports community resilience before and after an emergency.

- **Epidemic/pandemic preparedness and response:** community-based surveillance and early detection at community-level are key to tackling a potential epidemic at its onset; similarly, during an outbreak, communities that are well-educated about the mode of transmission and treatment of the disease as well as its psychosocial impacts, can significantly contribute to the swift end of the epidemic. Better outcomes are achieved by empowering local people to take a leadership role in preparedness, response and recovery efforts. For this reason, the IFRC advocates for the recognition of the key role of local actors and communities in the implementation of the International Health Regulations and for the incorporation of National Societies' epidemic preparedness, response and recovery plans into national legislature, policies and plans as appropriate.

- **Humanitarian diplomacy in health and WASH:** Humanitarian diplomacy involves persuading decision makers and opinion leaders to act, at all times, in the interests of vulnerable people, and with full respect for fundamental humanitarian principles. The decision to engage in humanitarian diplomacy is not a choice, but a responsibility that flows from the privileged access enjoyed by National Societies as auxiliaries to the public authorities in the humanitarian field. In the areas of health and WASH humanitarian diplomacy is about advocating for access to quality services particularly for vulnerable populations. It is also about influencing national policies, strategies and curriculums on health and WASH accordingly.



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

3. THE AUXILIARY ROLE: NEGOTIATING SPACE WITH PUBLIC AUTHORITIES FOR THE ROLE OF NATIONAL SOCIETIES IN HEALTH AND WASH

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

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

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

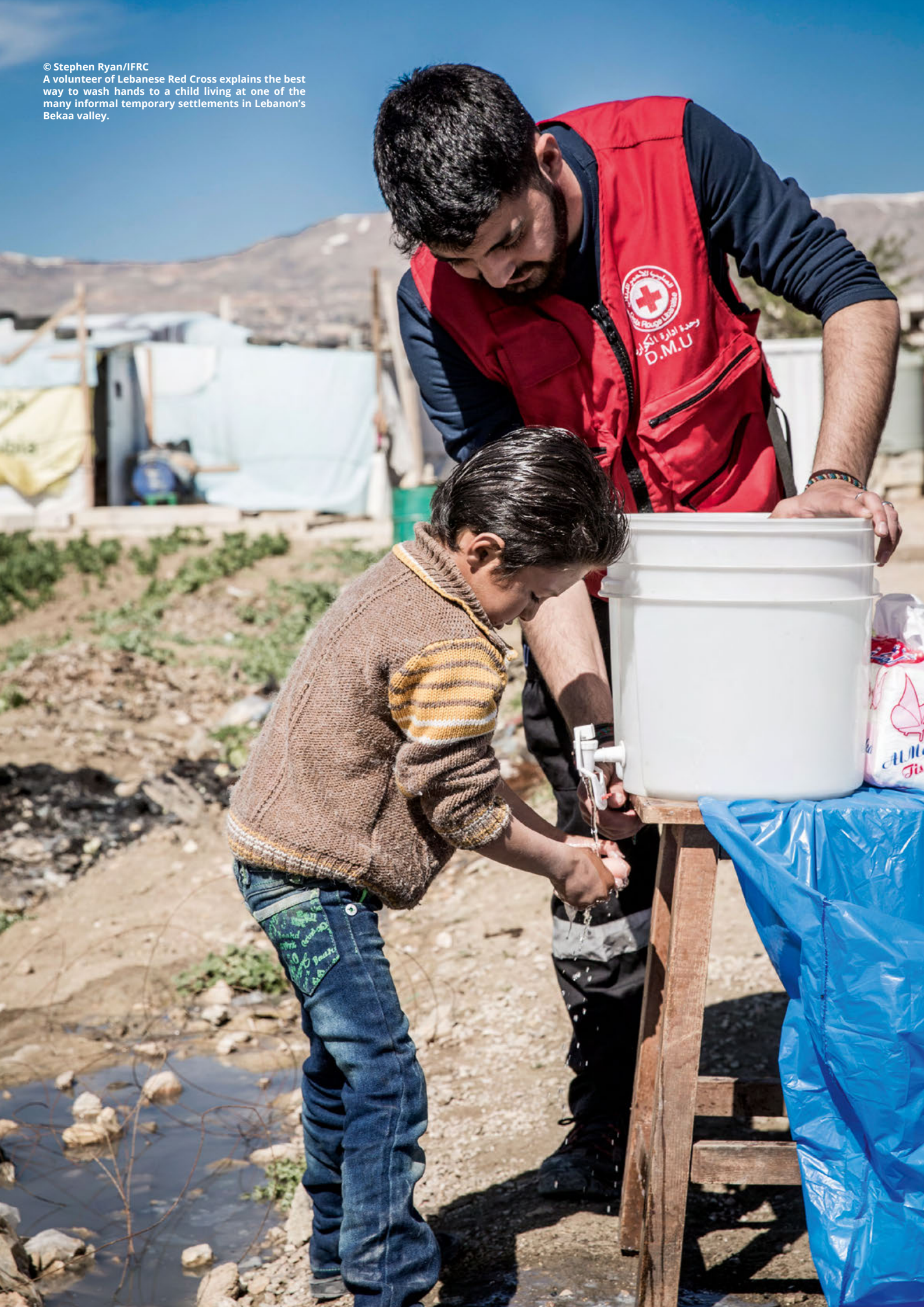
Through greater engagement of National Societies in the dialogue with relevant line Ministries, National Societies will better define their complementary role in society. The dialogue should continue at the regional, provincial and community level to ensure relevance and effectiveness of Red Cross Red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

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

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

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

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



© Stephen Ryan/IFRC
A volunteer of Lebanese Red Cross explains the best way to wash hands to a child living at one of the many informal temporary settlements in Lebanon's Bekaa valley.

4. PROGRAMMING MODALITIES

In order to support National Societies to plan and present their programs on health and WASH in a coherent way across 192 National Societies, the Framework offers three programming modalities: (i) community health and WASH; (ii) emergency health and WASH; and (iii) strategy, policy and advocacy. The three programming modalities should ideally be used by all National Societies and IFRC Offices when designing strategies and programs for health and WASH. The contribution of each National Society in the three programs should be based on the review of the focus areas in which a specific National Society is more active (see section 2), and on the negotiations with relevant public authorities on the complementary role that the National Society can play (see section 3).

While the proposed programs would be the same for all National Societies, the specific elements of each National Society's program would vary extensively within the IFRC. With the operationalization of the framework it is hoped that a set of minimum common indicators for the three programs will be identified. Those indicators could be tracked across 192 National Societies, thus better defining the collective impact of health and WASH programs by the IFRC.

Community Health and WASH

Red Cross Red Crescent volunteers and staff live and operate in the communities they come from, offering a unique perspective to the provision of health and WASH services. Since they are present in communities before and after a crisis hits, they see it not as an event in isolation, but as something that is linked to the past, to unaddressed risks, vulnerabilities and inequalities.

Addressing risks, vulnerabilities and inequalities is at the core of National Societies' work in community health and WASH. This programmatic modality includes:

i. community based disease prevention and health promotion programs;
ii. provision of inclusive services to vulnerable people (people with disabilities, adolescents and youth, older people, people who use drugs, people living with chronic/pre-existing conditions, including people with mental health conditions, unregistered migrants, homeless etc.);

iii. long term health and WASH programs (e.g. immunization, communicable and non-communicable diseases programs, MHPSS, water and sanitation interventions, etc.), particularly in fragile settings and underserved areas, e.g. informal settlements slums or rural communities;
iv. social care activities for particularly marginalised, excluded or vulnerable last mile populations (e.g. healthy ageing programmes, care and support for people living with HIV, TB and MHPSS concerns, women's clubs and migrants' clubs, etc.)

Community health and WASH programs are expected to be centred around addressing people's needs across their life course, from birth to death; ideally, they should not be driven by vertical disease approaches and funding. Programs should be implemented in an integrated way and ultimately aimed at building the health, well-being and resilience of communities and individuals.

Emergency Health and WASH

Emergency health and WASH programs aim to strengthen capacity to prevent, prepare for and respond to emergencies. Specifically, this programmatic modality includes:

i. preparedness and response programs to health and WASH emergencies (e.g. first aid including PFA, pre-hospital care, natural disasters preparedness and response);
ii. preparedness and response programs to epidemics/pandemics.

In national calamities of small, medium scale, the response is fully led by respective National Societies. In large scale responses to disasters requiring international assistance, support may be provided by other National Societies through the deployment of Emergency Response Units coordinated by the IFRC.

The principles underlying the IFRC's work in health and WASH emergencies are timeliness, coordination, and quality. Prompt interventions are critical to save lives and so is proper coordination, internally and with other responders. Quality is of extreme importance in emergency programs: interventions implemented by Red Cross Red Crescent volunteers and staff should always meet or exceed internationally agreed quality standards.

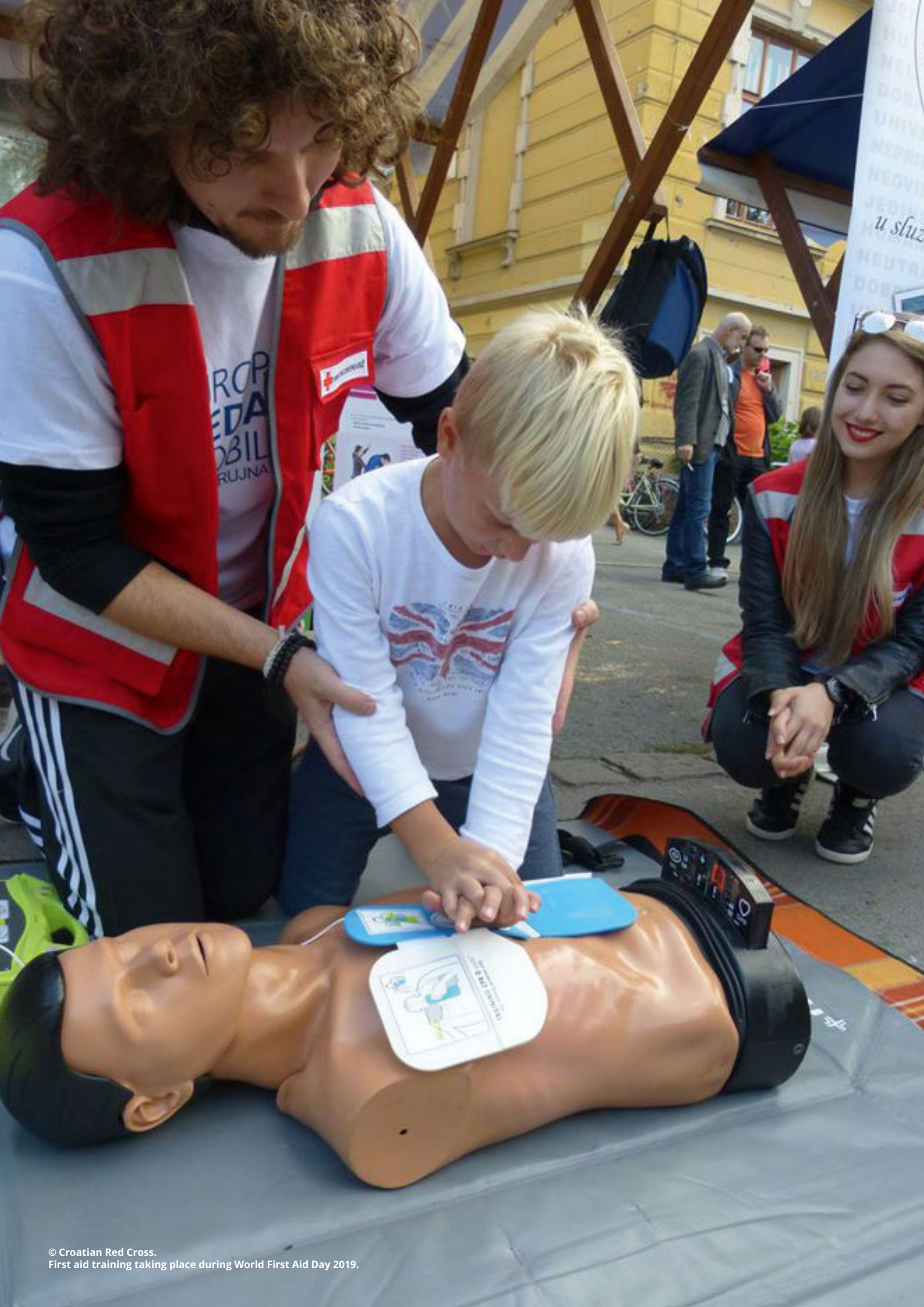
Strategy, Policy and Advocacy

This programmatic modality includes three elements: (i) strategy; (ii) policy; and (iii) advocacy. Defined health and care strategies, appropriate alignment and engagement with health policies and plans, and targeted advocacy activities are all enabling factors that allow our National Societies to develop contextually appropriate programmes that reach communities at scale.

With regard to strategy, the Framework tries to define a common strategic vision that can be adapted in different national contexts. As part of Strategy 2030 implementation, each National Society should develop/update its national health and care strategy to respond to the specific needs in the country as identified in the Governments' strategies for health and WASH. Red Cross Red Crescent strategies for health and care should align with the Framework and the indicators to be developed in the operationalization of this Framework. This will bring greater coherence in the IFRC's approach in health and WASH, thus facilitating fundraising efforts and contributing to better measurement of the Network's collective impact.

In the policy area, the IFRC should better link its work to global health agendas like the SDGs, Universal Health Coverage, Global Health Security and International Health Regulations. These linkages should translate at national level into the recognition and integration of National Societies into strategies and plans aimed to meet the goals of those global health agendas. Ultimately, the work in the policy area should strengthen the National Societies' role within their national systems, positioning National Societies as key implementing partners with relevant authorities in each sector.

In the area of advocacy, the IFRC should continuously advocate for access to health and WASH services for everyone, and particularly for vulnerable communities and individuals. Continuous investments and protection of the health and wellbeing of community-based actors should also be a key priority for advocacy.



© Croatian Red Cross.
First aid training taking place during World First Aid Day 2019.

5. ENABLERS

National Society Development

The impact of the work carried out by the IFRC largely depends on the strength and reach of branches and local units of individual National Societies, including the knowledge and expertise of their volunteers and staff to engage with communities, identify their needs, identify solutions and engage with other local actors. Strengthening National Society capacity in health will take into account the overall development of the National Society, so to contribute to the strengthening of a global and more distributed network of local action. High quality and appropriate training, mentoring and supervision for staff and volunteers shall be tailored to the needs of each National Society, based on a system in which National Societies are systematically included and recognised at the local and national levels for their work in health and WASH, and have the systems and skills to fulfil their auxiliary role in health and WASH. At the same time, health programmes shall consider investing in strengthening National Societies as a condition for success and coordinate closely with the National Society Development colleagues to ensure that such investment is aligned to the identified priorities of the National Society, as agreed in the National Society Development Compact. Training and professional development shall contribute to volunteer management systems as one component of a continuous improvement that allows National Societies to quickly identify shifting vulnerabilities, respond effectively to emerging health challenges (e.g. those linked to climate change) and quickly adapt or adopt appropriate new technologies to support their work. This continual engagement and investment in the skills of the capacity of National Societies should be driven by a culture of quality improvement, constantly seeking to better serve vulnerable communities and those affected by crisis.

As part of capacity building, it is equally important to strengthen links between volunteers, branches and headquarters in each National Society around health and WASH, so that improvements in quality, approaches, and tools, lessons learned and other critical information is implemented by all members of a National Society and improvements are available equally to all vulnerable populations. Where existing, such efforts shall take into due account the outcomes of Branch Organizational Capacity Development and Organizational Capacity Assessment and Certification self-assessments. These effective links ensure that when emergencies occur, relevant human resources and tools can be quickly and effectively deployed, and that their work to meet the needs of vulnerable people is coordinated with and contributes to the broader emergency response. A network comprising stronger National Societies is better able to meet the needs of all.

Protection, Gender and Inclusion

The mainstreaming of protection, gender and inclusion issues within all programmes and operations will continue to be a priority for the IFRC in health and care. This is part of our collective commitment to do no harm and to address violence, discrimination and exclusion. Any crises mean that people are affected differently based on their sex, gender and other factors, including age, disability, sexual orientation, health status, legal status, ethnicity, and other aspects of the person. Emergencies exacerbate existing gender inequalities, and the incidence of sexual and gender-based violence, violence against children can be expected to increase. Marginalized groups are most likely to be more adversely affected by any crises or outbreak of a health emergency and requires a holistic approach. Tackling issues that threaten people's dignity, access, participation and safety means adhering to the implementation of appropriate minimum standards, presented within IFRC strategic frameworks on protection, gender, diversity, disability and other areas of inclusion. Health and care places the fundamental principles of humanity and impartiality at its core, thereby ensuring that distinction is made on need alone and not on the basis of race, colour, gender, age, religion, political opinion, national or social origin, property, disability, sexual orientation, or any other identity status.

Further, acknowledging the unique circumstances that women, men, boys and girls face around the world is key to ensuring that relevant risks and vulnerabilities are understood, accounted for and acted upon accordingly. In general, the implementation of gender-sensitive approaches across all programmes in health and care will contribute to the protection of any individual in a given context against sexual and gender-based violence, interpersonal violence or any other forms of discrimination and violence. Equally important, is creating an inclusive and diverse working environment within IFRC that is welcoming to all who adhere to the IFRC Fundamental Principles and Code of Conduct. This also includes reinforcing and supporting the central role of women, disabled and youth in public health and WASH at all levels and cadres, both internal and external to the work of National Societies.

Ensuring the safety, security, health and wellbeing of all volunteers and staff will also continue to be a key priority of the IFRC. Health workers and first line responders are often susceptible to the threat of disease, injury and insecurity; the IFRC therefore commits to promoting the availability of necessary health checks, information and advice, vaccinations and protection equipment for all volunteers and staff. This also involves the provision of appropriate insurance and mental health and psychosocial support services, recognising that the impact of unmet MHPSS needs are not confined only to the communities that we serve but can also be experienced by volunteers and staff.

Community Engagement and Accountability

Community engagement and accountability is an integral part of the IFRC's approach to health and care.

Engaging communities – the way we relate to the people we aim to serve – is fundamental to the foundation of the work of the Red Cross Red Crescent. Presence before, during and after a crisis, issues of trust, working with volunteers and staff from the communities they serve, and ensuring communities are consulted and remain at the centre of programming, are critical elements of the work of National Societies.

Community Engagement and Accountability includes processes to systematically listen to, engage and communicate with people and communities in order to enable them to lead and shape positive, sustainable changes in their own lives and on their own terms. These approaches help to better understand people diverse needs, vulnerabilities and capacities; to collect, respond to and act on feedback and input about their priorities and preferences; and to provide safe and equitable access and opportunities to actively participate in decisions that affect them. Regularly engaging with people and communities and incorporating their feedback and input into the assessment, formulation, design, implementation, management and monitoring phases of programmes and operations is key to ensuring that our action is effective and accountable.

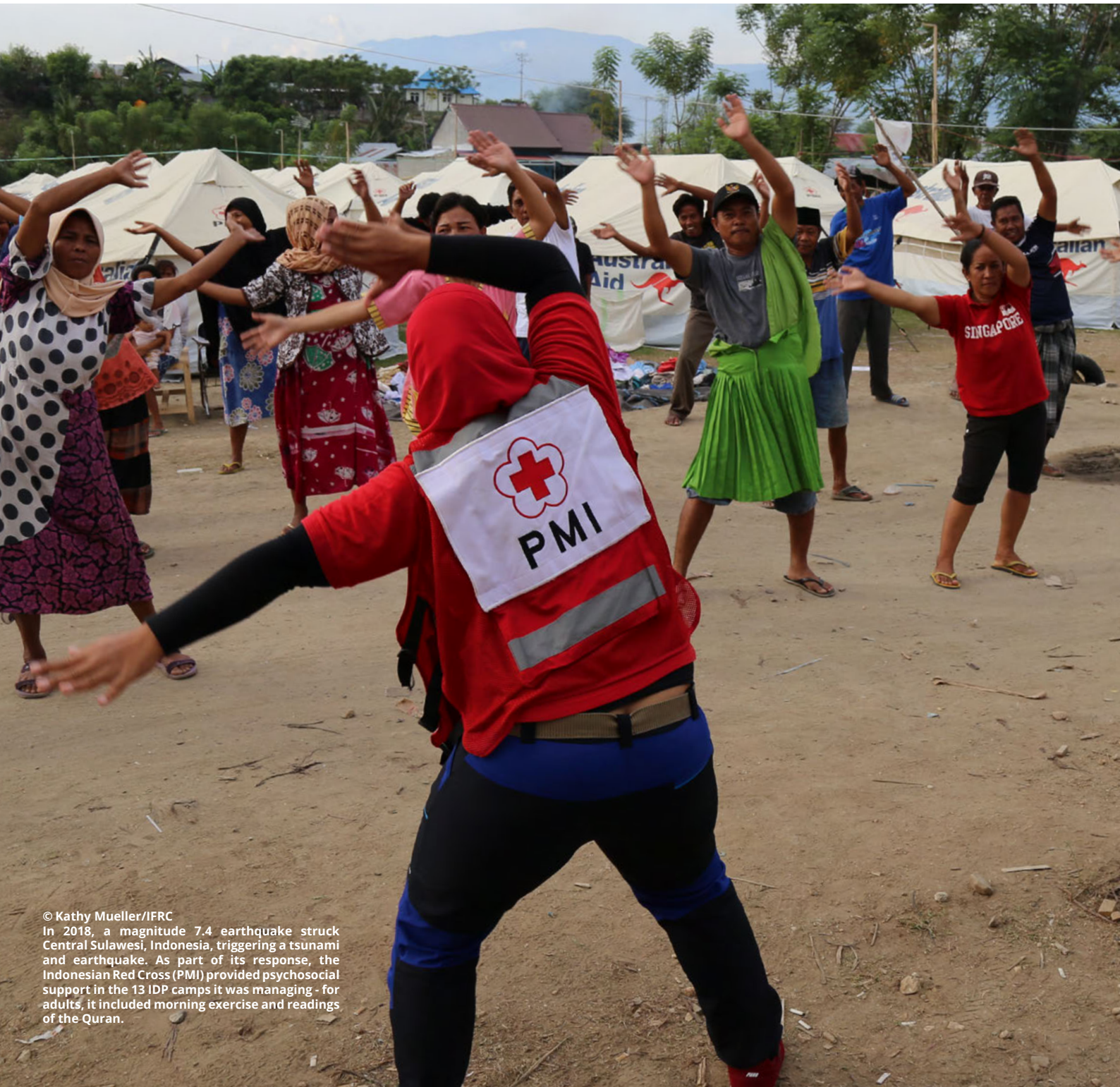
Community engagement initiatives supports those involved in programmes and operations to adopt innovative approaches to better understand and engage with people and communities and help them address unhealthy and unsafe practices.

Data, Evidence and Accountability

The IFRC is committed to evidence-based programming and to maximum performance, impact, financial and social accountability towards affected populations and partners, including governments and donors. The focus on data starts with the identification of evidence-based health and care interventions and with the adoption of sector-wide standards as the benchmark for assessing programme quality and impact. This will ensure that volunteers and staff rigorously adhere to the principle of 'do no harm' and that the effectiveness of interventions is maximised. The IFRC is committed to working with academic partners on operational research, to generate evidence and to assess the impact of innovative approaches. The IFRC will continue to invest in tools for data analysis and collection, in quality audits, in mechanisms for monitoring and evaluation (including the identification of key indicators to track progress), and in more agile processes and tighter feedback loops to strengthen evidence for decision making. A strong focus on data, evidence and accountability should be matched by equal investments in knowledge sharing across the IFRC and with external partners in the health and WASH sectors. National Societies' members and IFRC staff should have access to the necessary knowledge and technical expertise in health and WASH. Regular sharing of best practices and sector analyses should lead to improving programme quality, adopting innovative approaches, and scaling up programmes with demonstrated impact.

Innovation and digital transformation

A culture of learning should foster the introduction of innovative approaches in the work of National Societies in the health and WASH sectors. Innovations may occur in a diversity of areas, including financing, service delivery or partnerships. Further, rapidly evolving digital technologies represent a unique opportunity to transform the ways in which individuals and organizations access, provide and monitor health and well-being. The current technological revolution brings enormous potential for new ways to empower individuals at the community level around their health choices and to support staff and volunteers in their health and WASH activities.



© Kathy Mueller/IFRC
In 2018, a magnitude 7.4 earthquake struck Central Sulawesi, Indonesia, triggering a tsunami and earthquake. As part of its response, the Indonesian Red Cross (PMI) provided psychosocial support in the 13 IDP camps it was managing - for adults, it included morning exercise and readings of the Quran.

6. THE ULTIMATE GOAL AND LINK TO STRATEGY 2030

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

Community health and WASH programs, emergency health and WASH programs and programs on strategy, policy and advocacy, aim to improve access to quality health and WASH services for the most vulnerable populations and individuals. The reduction of mortality, morbidity and physical and psychological suffering should result in healthier and more resilient communities and individuals worldwide. This is the goal that unites the efforts of the 192 National Societies, 13.7m volunteers and 465,000 staff.

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

The IFRC Health and Care Framework aligns with the IFRC's Network's Strategy 2030 which defines the strategic direction of the 192 National Societies and IFRC Secretariat for the decade 2020 – 2030. As described elsewhere within this document, this Framework is provided to guide the IFRC's efforts to operationalise the health and care elements of Strategy 2030, thereby providing coherence and alignment to the Network's collective work in support of the most vulnerable. This Framework is therefore intended as a guidance tool; National Societies are not obliged to adopt all elements outlined in this document, but rather should consider the most appropriate approach to assemble the Framework in their respective contexts.

7. THE IFRC'S CONTRIBUTION TO THE SDGS

The 17 SDG Goals aim to "end poverty, protect the planet, and ensure prosperity for all" – each one has specific targets to be achieved by 2030.

The work of the IFRC in health and WASH aims to contribute primarily to SDG3, "Ensure healthy lives and promote wellbeing for all at all ages" and to SDG 6 "Ensure availability and sustainable management of water and sanitation for all". The specific contribution to SDG3 and to the Universal Health Coverage agenda is included in the discussion paper presented to the Governing Board in October 2018.

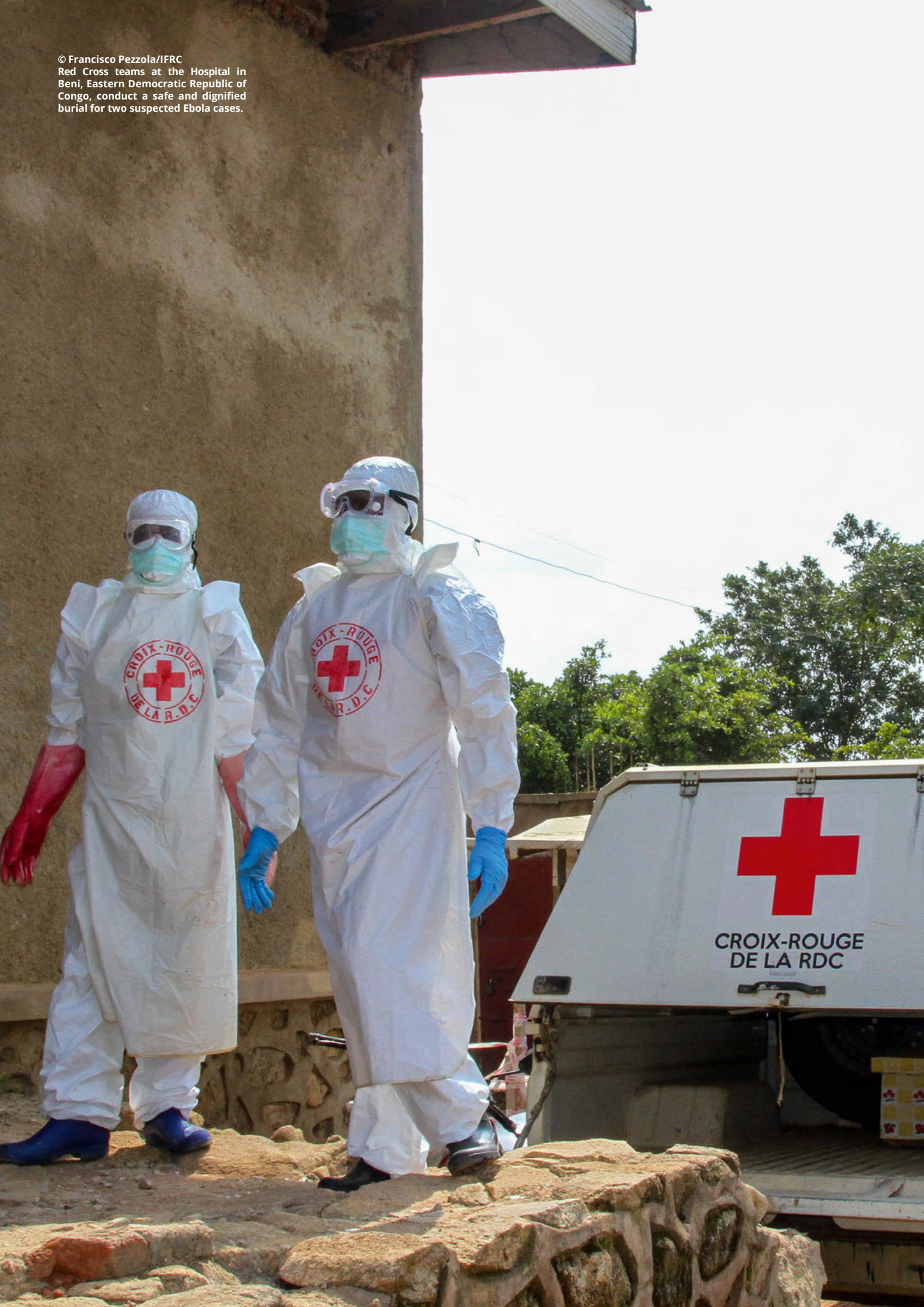
National Societies indirectly also contribute to other SDGs, focusing on poverty (SDG1), hunger (SDG2), inequalities (SDGs 5 and 10), climate change (SDG 13), institutional strengthening (SDG 16) and partnerships (SDG 17).

8. OPERATIONALIZATION OF THE FRAMEWORK

The Framework will be operationalized by developing a monitoring and evaluation framework to identify key indicators to track the IFRC's progress in the health and WASH sectors. The indicators should ideally link to global indicators adopted under the SDGs umbrella.

The IFRC Secretariat will also work with the Membership to identify and produce tools and guidelines to support National Societies in critical areas of work included in the Framework.

Lastly, the operationalization of the framework will be closely linked to the annual planning exercise, ensuring a coherent planning approach in health and care in the 192 National Societies and IFRC Offices across the world and throughout the duration of Strategy 2030.



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

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

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

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

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

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

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

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

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

IFRC

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