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INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

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Health Policy

It is recommended that:

The General Assembly,

adopts IFRC Health Policy.

Health Policy
INTRODUCTION

The Health Policy is intended to provide inspiration and direction for the International Federation of the Red Cross and Red Crescent Societies (IFRC) and its member National Red Cross and Red Crescent Societies (National Societies) by harmonizing and guiding approaches in health and supporting the implementation of current IFRC strategies.

It relates to health activities provided by National Societies that complement and strengthen each country's health system. It provides a foundation for each National Society and the IFRC to collectively contribute to better health outcomes. It is also written for governments and our partners to enable them to understand who we are, what we do and the difference we make in the world.

Present before, during and after any crisis or event, National Societies are continuously present in communities. National Societies are neither governmental institutions nor wholly separate non-governmental organizations (NGOs). Established by national law, their relationship to the authorities is defined as "auxiliary to the public authorities in the humanitarian field". The auxiliary role can be described as "a specific and distinctive partnership, entailing mutual responsibilities and benefits, based on international and national laws, in which the national public authorities and the National Society agree on the areas in which the National Society supplements or substitutes public humanitarian services".

New global health challenges and trends

The COVID-19 pandemic has not only strained healthcare systems worldwide but has also exposed vulnerabilities in preparedness and response mechanisms. The pandemic revealed gaps in the global health infrastructure and has underscored the importance of robust, adaptive frameworks capable of addressing both acute and protracted health crises through the use of evidence-based programming to enhance preventive and responsive competencies.

Intersections of health, displacement, conflict, and climate have increased the humanitarian need across the world. Geo-political conflicts have added complexity to humanitarian response efforts, exacerbating issues such as conflicts and population displacement. With large scale population movement, health system delivery becomes unevenly distributed, placing a high burden on host systems particularly in overcrowded and informal settlements.

Climate change and extreme weather events pose direct and indirect threats to health and well-being. Floods, hurricanes, wildfires, droughts, and extreme heat disrupt healthcare systems and exacerbate existing vulnerabilities leading to increased incidences of communicable and non-communicable disease, injuries, food insecurity, mental health problems, social isolation, and loneliness, and other health challenges. Additionally, environmental degradation including deforestation, urbanisation, and pollution further impact health outcomes, underscoring the necessity of a One Health approach.

In response, global health commitments have reached unprecedented levels, as governments recognize the irreplaceable role health plays in meeting development and humanitarian goals. The Sustainable Development Goals (SDGs) aim to achieve Universal Health Coverage (UHC) for all by 2030. Based on the principle of health equity, it emphasises the importance of access to quality health services without risk of financial hardship, encompassing health promotion, social support, primary healthcare, disease prevention, mental health and psychological services, provision of clean water and sanitation facilities, etc. It addresses underlying social, economic, and culture factors that influence health outcomes and offers a chance to promote a holistic and coherent approach to health, focusing on health systems strengthening.

Looking to the future, National Societies have a pivotal role in global health security and protection. By addressing major health disruptors and providing evidence-based, innovative services for the most vulnerable and underserved, they contribute to the UHC agenda and the SDGs. Their community-based approach and focus on social determinants of health enhance the effectiveness and sustainability of local health initiatives.

The IFRC network and its volunteers are deeply embedded in local communities and are well placed to implement effective health promotion and prevention programmes inclusive of protection, gender, and inclusion (PGI), to safeguard the rights and well-being of all individuals. Additionally, it includes Risk Communication and Community Engagement which is integral in fostering a sense of ownership and responsibility within the community to ensure effectiveness and sustainability of health initiatives. Mental health is one of the most neglected areas of public health. A priority for the IFRC network is to invest in safe and scalable interventions supporting local action, health systems strengthening, and capacity building which are essential, alongside ensuring the wellbeing of staff and volunteers.

These community driven initiatives are key to National Societies actively contributing to the UHC agenda and to meeting the SDGs.

SCOPE

This Policy reaffirms the high commitment of National Societies and the IFRC to carrying out a broad scope of health activities for the most underserved and vulnerable populations, through access to communities and voluntary service. It builds on extensive experience in empowering communities and recognizes the increasing need to strengthen resilience, promote health and well-being, prevent disease outbreaks, and address public health challenges.

POLICY BASE

The Policy reaffirms the strong commitment of the IFRC and National Societies to enhancing and expanding health care and services, in particular to vulnerable populations at all stages of the life cycle.

Notably, this commitment acknowledges:

- **The complex global health landscape:** Addressing challenges such as disease outbreaks, epidemics, and pandemics; the escalating impacts of climate on health; migration; the increasing incidences of communicable and non-communicable diseases and issues relating to safe drinking water, sanitation, hygiene, and malnutrition.
- **Emergency Consequences:** Recognising that emergencies disrupt healthcare infrastructure, limit access to essential services, exacerbate existing vulnerabilities and affect the overall well-being of populations.
- **Strategic Responses:** Supporting efforts and adaptations undertaken by national governments, the World Health Organization (WHO), and other health organizations to address existing and evolving global health challenges.
- **Technological Integration:** Leveraging advancements in technology, digitalization, and innovative approaches including use of artificial intelligence, while remaining vigilant against potential risks such as mis- and disinformation, bias, and discrimination.

The Policy illustrates a pathway for National Societies' engagement with public health authorities in their auxiliary role through key pillars and enablers as described in "Health and Care Framework – Operational Redirection".

Pillar 1: Global Health Security
Pillar 2: Global Health Protection and Universal Health Coverage
Pillar 3: Global Water Security
Pillar 4: Transformative Partnerships

STATEMENT

National Societies and the IFRC are uniquely important institutions for health at the global, regional, national, and community levels. Their strength lies in numbers, local-global reach, experience, and the energy and dynamism created through voluntary service. The goals of current IFRC strategies are rooted in our Fundamental Principles and are aligned to all members of the International Red Cross and Red Crescent Movement.
National Societies and the IFRC contribute to major global humanitarian and development frameworks including the SDGs, the Sendai Framework for Disaster Risk Reduction, the Global Compact for Migration and Refugees, the Grand Bargain, the International Health Regulations, and the Paris Agreement for Climate Change, alongside other major compacts and alliances to which we are committed and to which the Red Cross and Red Crescent make clear and direct contributions.

1. As auxiliaries to public authorities, National Societies, supported by the IFRC as appropriate, shall:
   - Identify and agree within the national and local context on the appropriate areas for the Red Cross and Red Crescent interventions to meet the needs of the most vulnerable.
   - Ensure that the health and social care activities provided are complementary to those of the public authorities and the other partners, without taking on their responsibilities, and reflect the mission, means and capabilities of the National Societies.
   - Uphold their obligations towards UHC, the International Health Regulations, the SDGs, and other global, regional, and national commitments in health as well as core Declarations, Charters and other instruments on health, primary healthcare, community health, and emergency health.
   - Advocate for inclusive and resilient health systems that are stable, sustainable, and capable of meeting the health needs of the entire population, including strategic development of financial, material, and human resources with the appropriate skills for providing health services, especially at the community level. It is underpinned by sustainable funding models and the exploration of new funding partnerships to ensure the expansion of much needed community-based life-saving interventions.
   - Fulfil their auxiliary role as per their given mandate in their country context.

2. In their efforts to contribute and provide support to the achievement of the health components of the SDGs and specifically for UHC, all National Societies and the IFRC shall:
   - Make all possible efforts to complement endeavours of their government at national and local level to mitigate and overcome the health workforce crisis while advocating for integration of existing networks of community health workers.
   - Strengthen community health and behaviour change by reaching out to the most vulnerable, underserved, and remotest communities and encourage health-selfcare in different stages of the life cycle.
   - Engage key actors – public, private and civil society – in contributing to the Red Cross and Red Crescent efforts to reach and engage the most vulnerable populations.
   - Scale up climate related health and water activities to support climate resilient health systems and communities. This shall include anticipatory action and a One Health approach.
   - Continue to address health challenges of migrants and refugees at every stage of the migration route.
   - Strengthen epidemic and pandemic preparedness.
   - Address the increase of non-communicable diseases through prevention and health promotion.
   - Scale up mental health and psychosocial support services in each activity.
   - Support public authorities in the fulfilment of their national health strategies, policies, and goals, while maintaining the seven Fundamental Principles and placing communities at the centre.

3. In their commitment to humanitarian response National Societies and the IFRC shall:
   - Make certain that physical, mental, and social health and care are incorporated in, and are an integral part of all humanitarian work and programmes, paying special attention to gender-based interventions, including sexual and reproductive rights.
   - Ensure that all health and care services and programmes maintain societal, environmental, and economic sustainability, in addition to cultural sensitivity.
   - Identify opportunities to strive for anticipatory action and involve meaningful engagement with at-risk communities.
   - Prepare and train volunteers and staff of National Societies in community health, first aid, mental health and psychosocial support services in response of public health needs.
   - Provide cash and voucher assistance to improve access to health care and improve individuals' ability to meet health needs in dignified ways.

RESPONSIBILITIES

National Societies have the responsibility to:

- Define their auxiliary and supportive role in country health programmes with regard to the public authorities or other actors, while adhering to the Health Policy, the Health and Care Framework as well as other health-related policies.
- Adopt a gender-sensitive and inclusive approach that promotes health equity for all individuals, with a focus on the needs and rights of minorities.
- Protect health data collection and ensure that health programmes are evidence-based and adhere to the full continuum of health as officially promoted by the international health organisations and experts.
- Encourage public authorities to implement the policies recommended by experts and leading health organisations and participate in other major global health efforts and alliances.
- Operate with autonomy to adhere to the Fundamental Principles of the Movement.
- Extend its activities to the entire territory of the country.
- Respect the Fundamental Principles of the Movement and be guided by international humanitarian law in all activities.

The IFRC has a responsibility to:

- Organize, coordinate and direct international relief actions in accordance with the Principles and Rules adopted by the International Conference.
- Coordinate the sharing of ideas, strategies, best practices, and resources among Movement partners and other stakeholders.
- Build partnerships and forge operational alliances between National Societies and other organisations to support and implement programmes and projects at community level.
- Provide advice, guidance, and strategic direction to National Societies to ensure a coordinated approach to health initiatives between and within communities and civil society.
- Enhance management capacity in planning, implementation, monitoring, evaluation, quality assurance, leadership, and coordination related to the provision of health services.
- Promote evidence-based approaches to health activities by developing and supporting systems for health data collection and analysis.
- Encourage and coordinate the participation of the National Societies in public health initiatives for safeguarding and promoting health and well-being in cooperation with their appropriate actors.

National Societies and the IFRC together have a responsibility to:

- Ensure that all health programmes are in compliance with this Policy, and that all staff and volunteers participating in such programmes are aware of the rationale and details of this Policy.
- Communicate this Policy, to the extent possible, to all governmental, intergovernmental, and non-governmental partners.
- Develop, introduce, and implement a mechanism for the monitoring and verification of compliance with this Policy. One such mechanism is for National Societies to develop a health strategy, aimed at ensuring long term sustainability, resource mobilisation, integrating ethical service delivery, and participatory approaches, while also incorporating ethical exit strategies.
- Ensure that all health programmes comply to international technical and accountability standards.
- Strive for equitable inclusion in all health programmes.
- Significantly strengthen the capacity to address the health needs of the most vulnerable populations through integrated strategies and innovative partnerships.
- Promote measures that protect health care workers, patients and facilities.