



INTERNATIONAL
RESCUE
COMMITTEE

2022 State of the Health Unit



LETTER FROM THE SENIOR DIRECTOR OF HEALTH



More than two years after the onset of the COVID-19 pandemic, the world remains in crisis. Whether addressing continued vaccine inequity, caring for those displaced by conflict, including by the war in Ukraine, or confronting an unprecedented hunger and malnutrition crisis in East Africa, the IRC's Health Unit supported the delivery of critical healthcare services to those most affected. Our ability to deliver quality services at scale, in the most difficult and hard to reach environments, provided a lifeline to the nearly 27 million people targeted by our health programs.

From the launch of the REACH Immunization partnership with Gavi, the scaling of acute malnutrition treatment, and improved management of pharmaceuticals to the integration of reproductive health, mental health, and psychosocial support across primary care, the continued assessment of infection prevention and control standards, expanded provision of community WASH, and roll-out of the Outbreak Resource Package, the Health Unit supported IRC country programs to improve the reach and quality of health programs.

At the heart of this success is the expert, diverse, and committed staff of the Health Unit. It brought me great joy to finally convene the team in-person during a three-day team-building and strategic planning workshop in Mombasa, Kenya in June 2022.

Thank you for joining us in our mission to deliver care to people whose lives have been shattered by conflict and crisis; I am humbled by your continued support and know that it is champions like you that make our impact possible.

Sincerely,
Mesfin Teklu Tessema

A FRAMEWORK FOR IMPACT AT SCALE

In 2033, the International Rescue Committee (IRC) will celebrate its 100th anniversary. Ahead of this important milestone, the organization developed a new strategic plan—[Strategy 100](#)—to inform how we can best deliver on our mission to help people whose lives and livelihoods are shattered by conflict and disaster to survive, recover, and gain control of their futures. Recognizing that more people than ever are displaced by conflict, crisis, and climate change, Strategy 100 is designed to leverage IRC's experience, research and innovation work, and technical expertise to deliver impact at scale.

In support of our new organizational strategy, the Health Unit undertook a revision to its Outcome Evidence Framework (OEF)—our internal program design, monitoring, and accountability mechanism—and prioritized five outcomes to organize our work,

strengthen our impact, and ensure accessible and high-quality care for our clients at scale. The outcomes are cross-cutting and work to reinforce each other by offering comprehensive and holistic healthcare across the life course:

OUTCOME 1: Children survive and are healthy.

OUTCOME 2: Children are well nourished and protected from all forms of undernutrition.

OUTCOME 3: Women and girls achieve their sexual and reproductive health and rights.

OUTCOME 4: Adolescents and adults are physically and mentally healthy.

OUTCOME 5: People access water, sanitation, and hygiene services and live in an enhanced environment.

2021 IMPACT STATISTICS

30 countries

27 million people served

2.7 million served by built or rehabilitated water supply

392,838 people started using modern contraceptive methods

3,607 health facilities supported

2.9 million reached by nutrition programming

6.1 million outpatient consultations

Two infection prevention and control (IPC) assessments across 22 countries to monitor and improve quality of care

Programs



OUTCOME 1: CHILDREN SURVIVE AND ARE HEALTHY.

IRC launched the Reaching Every Child in Humanitarian Settings (REACH) project with Gavi, a four-year \$50M project to provide routine immunization services to under-immunized and zero-dose children in the Horn of Africa.

The IRC continues to lead the IAWG Newborn Initiative to document and promote best practices in maternal and newborn health in humanitarian settings.

Children's health was identified as a strategic priority in 11 countries.



Photo: IRC with funding from ECHO

The IRC provides comprehensive child healthcare to ensure that children not only survive but have the foundation to build long and healthy lives. This includes key interventions such as Integrated Management of Childhood Illness (IMCI), Expanded Program on Immunization (EPI), Essential Newborn Care (ENC), and Integrated Community Case Management (iCCM). **In 2022, the IRC launched the transformative Reaching Every Child in Humanitarian Settings (REACH) project in partnership with Gavi, the Vaccine Alliance and a network of global and local organizations in Ethiopia, Somalia, South Sudan, and Sudan. Through this four-year \$50 million project, we are identifying and providing immunization services to zero-**

dose children—children who haven't received a single dose of diphtheria, tetanus, and pertussis-containing vaccine—and under immunized children in fragile, conflict-affected, and cross border settings. These efforts extend the reach of government health systems and aim to “leave no one behind with immunization.”

In 2022, the IRC also supported the testing of Philip's Children's Automated Respiration Monitor (ChARM) within iCCM programs in Chad and Uganda with promising results. The project found that low-literate community health workers can effectively use the ChARM tool and that those who used the tool were better able to correctly diagnose cough/cold.



Established in partnership with the Inter-agency Working Group on Reproductive Health in Crises (IAWG), the IAWG Newborn Initiative (INI), hosted by the IRC, continued efforts to document and promote best practices from the maternal and newborn health sector, including by updating the Newborn Health in Humanitarian Settings Field Guide to bring it in line with recent evidence and current guidelines, and developing an electronic version that will broaden accessibility. The INI also contributed to efforts to catalyze progress by supporting technical consultations on maternal mental health and respectful maternity care in humanitarian settings, publishing a technical brief advocating for delivery of integrated nutrition and maternal and newborn health services, and conducting a global study on the feasibility and effectiveness of mortality surveillance interventions in humanitarian settings.

IMPACT



1.8 million

outpatient consultations for children under five



189,052

children under five received their routine vaccination series



609,216

children under five received treatment for malaria, diarrhea, and pneumonia through iCCM



OUTCOME 2: CHILDREN ARE WELL NOURISHED AND PROTECTED FROM ALL FORMS OF UNDERNUTRITION.

The \$19 million GiveWell-funded Community Management of Acute Malnutrition Avance program admitted more than 50,000 children for outpatient treatment in its first year of operation.

IRC's nutrition programs screened more than 1.5 million children and lactating women, and provided treatment to more than 400,000 people for acute malnutrition.

Nutrition was identified as a strategic priority in nine countries.



The IRC's nutrition programs—the first intervention selected for scale through the IRC's Strategy 100—work to prevent and manage malnutrition in children and pregnant and lactating women. We provide services across the continuum of care and focus on maternal nutrition during pregnancy, infant and young child feeding, targeted preventative care for children at risk, and the treatment of acute malnutrition.

The Community Management of Acute Malnutrition Avance program—funded by GiveWell—aims to improve coverage and cost-effectiveness of treatment for acute malnutrition in Burkina Faso, Chad, Democratic Republic of Congo (DRC), Niger, and Somalia. In 2022, it completed its first year of implementation with more than 50,000 admissions to

outpatient treatment programs and more than 3,500 admissions of children with especially severe or complicated cases to stabilization centers. By increasing the effectiveness of our approaches, the project exceeded cost targets in four of the five countries and expanded the reach and quality of treatment services across its target areas. By its conclusion, the project aims to scale treatment across the five country programs to reach 150,000 children suffering acute malnutrition.

In West and Central Africa, we ramped up prevention activities. The IRC developed a new infant and young child feeding (IYCF) approach targeting community actors to better empower women to breastfeed without imposing top-down solutions. This listening and counseling approach seeks to overcome



barriers to optimal breastfeeding and establish more practical and empathetic engagement with pregnant and lactating women to address misinformation and encourage best breastfeeding practices. This approach has been implemented in Burkina Faso, Chad, DRC, Mali, Mauritania, Niger, and Nigeria and has strengthened the skills of 150 trainers who work with mother leaders and health workers to support pregnant and lactating women.

IMPACT



2.9 million

targeted by nutrition programming



1.6 million

children and pregnant and lactating women screened for malnutrition



1,249

supported sites treating acute malnutrition



429,256

new admissions of children and pregnant and lactating women for acute malnutrition



OUTCOME 3: WOMEN AND GIRLS ACHIEVE THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS.

In 27 countries, IRC provides sexual and reproductive health services using a client-centered and feminist approach.

The SHIFT project, a follow-on from the IRC's flagship Contraception and Comprehensive Abortion Care in Emergencies program, implemented an innovative model to strengthen local partnerships and locally-led emergency preparedness for SRHR in Chad and Uganda.

Sexual and reproductive health and rights was identified as a strategic priority in 19 countries.



Across 27 countries, the IRC advances sexual and reproductive health and rights that result in fewer unintended pregnancies and unsafe abortions, safer pregnancy and childbirth, reduced physical and emotional harm from gender-based violence, and reduced morbidity from sexually transmitted infections and HIV. Our approach is client-centered and grounded in feminist principles, supporting women and girls to make decisions about their health and well-being, including if, when, and how to grow their families.

The WISH2ACTION program, funded by the UK's Foreign, Commonwealth and Development Office alongside investment from an anonymous private donor, works to ensure equitable access to family planning, particularly for youth under 20 and people with disabilities, in Somalia and South Sudan, and in refugee settings in Uganda. The project has reached 675,000 people with family planning services. The regional project team collaborated

with Gender, Equity, Diversity, and Inclusion (GED) and Women's Protection and Empowerment (WPE) teams to conduct a [gender analysis](#) across the four countries, the results of which are being used to overcome harmful gender norms to drive uptake of sexual and reproductive health and family planning services. To further increase the uptake of family planning services and ensure that they are delivered in an accessible manner, the program conducted a design sprint. Through this process, adolescents were engaged in the design and testing of services and their desires and preferences were reflected in programming moving forward. As a result, family planning uptake increased in women and girls under 20 by 6% in Uganda and 9% in South Sudan. A similar effort is underway in Somalia.

This year, the IRC also conducted assessments on COVID-19's impact on sexual and reproductive health access in [Northeast Nigeria](#) and [Cox's Bazar, Bangladesh](#) and partnered with the READY Initiative



to develop global guidelines for delivering sexual, reproductive, maternal, and newborn healthcare during outbreaks in humanitarian and fragile settings. IRC and the READY Initiative will disseminate these guidelines globally in FY23.

2022 saw increasing integration with the WPE team across six countries. The result was integrated service delivery, community messaging, safety planning, and more women-centered and effective delivery of services for gender-based violence, family planning, and safe abortion care. To build on these efforts, a multi-country assessment of barriers and facilitators of sexual and reproductive health and rights and WPE integration was carried out in both [English](#) and [French](#).

The sexual and reproductive health and rights team also launched the WHO's new training curriculum on gender-based violence. Over the last year, 42 staff from the Middle East, Asia, and anglophone Africa were trained, which has boosted the global pool of health and WPE trainers available and ready for deployment in support of clients' needs.

IMPACT



182,813

deliveries in health facilities with a skilled provider



356,527

women provided with antenatal care for the first time



392,838

people started using modern contraceptive methods



110,239

unintended pregnancies averted



11,820

women and girls who received post-abortion and safe abortion care



128,062

people treated for sexually transmitted infections, 83% of which were female



5,316

survivors of sexual assault provided care



OUTCOME 4: ADOLESCENTS AND ADULTS ARE PHYSICALLY AND MENTALLY HEALTHY.

In 2022, IRC health programs targeted nearly 27 million people worldwide, and provided more than 100,000 mental health consultations and nearly 1 million NCD consultations.

We launched the IRC Mental Health and Psychosocial Support (MHPSS) Framework, available in four languages, which shapes our policy, practices, and services.

Primary healthcare was identified as a strategic priority in 13 countries.



The IRC's primary healthcare services provide the backbone of our health operations and integrate services to enable everyone to live long, healthy lives. Services include:

- **Mental Health and Psychosocial Support (MHPSS):** IRC's health programs are designed to promote positive mental health and psychosocial well-being. In recent years, we have focused on more effectively integrating mental health and psychosocial support across our organization and primary healthcare operations. In 2022, we launched the [IRC MHPSS Framework](#), available in four languages, which shapes our policy, practices, and services. In practice this has meant the expansion of MHPSS programming within primary healthcare programs in Bangladesh, Burkina Faso, Cameroon, Chad, Kenya, Lebanon, Libya, Myanmar, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Thailand, Uganda, and Yemen, and emergency responses in Afghanistan and Ukraine. We completed the first phase of a MHPSS capacity building initiative within the Health Unit and plan to bring it to country programs to strengthen skills and knowledge for high quality, integrated mental health service delivery.
- **Pharmacy:** Our pharmacy team works to build and maintain a high-performing supply chain to ensure IRC's programs have an uninterrupted supply of safe, quality, and cost-effective pharmaceuticals and medical commodities. In 2022, with the support of the Trafigura Foundation, the IRC increased the capacity of country programs by recruiting 10 new in-country pharmacists in Kenya, Somalia, Ethiopia, Central African Republic (CAR), DRC, Sudan, South Sudan, Jordan, Thailand, and Pakistan, an 100% increase from 2021. We additionally strengthened critical medical warehouse infrastructure in five country programs (Myanmar, Uganda, CAR, Thailand, and Chad), developed e-learning materials for health supply chain teams across the IRC, and improved data monitoring through the operationalization of





the Global Pharma Indicator dashboard—a platform for monitoring core supply chain indicators from country programs. These efforts seek to establish best practices across the IRC health supply chain and support providers and patients in effectively managing their health.


- NCDs:** The IRC is a global leader in efforts to improve access to quality, high-impact treatment and health promotion services for people with non-communicable diseases in humanitarian settings. IRC works in Afghanistan, Bangladesh, Chad, Jordan, Libya, Kenya, Myanmar, Nigeria, Somalia, South Sudan, Sudan, Syria, Thailand, Uganda, Ukraine, and Yemen to ensure access to NCD management at primary care level. In 2022, the IRC began implementation on a two-year grant for “Sustainable Community Engagement on NCD Prevention in Somalia.” This program is targeting underserved communities that currently lack access to NCD information and services and will engage community health workers to provide care and help clients manage their conditions. The IRC is working with the Ministry of Health to improve coordination on NCDs and will support the creation of a Somalia NCD Technical Working Group. The Working Group will develop and ratify a NCD curriculum for community

health workers and will roll it out to harmonize quality training for community health workers on the delivery of NCD interventions across Somalia. To improve data collection and monitoring, the IRC is piloting the digital platform CommCare at the community and health facility level. The IRC has additionally partnered with Primary Care International to gain access to its NCD management course, which has helped IRC participants strengthen the capacity of IRC programs to identify, treat, and manage NCDs.

IMPACT

 **6.1 million**
outpatient consultations

 **122,667**
mental health consultations

 **912,895**
NCD consultations



OUTCOME 5: PEOPLE ACCESS WATER, SANITATION, AND HYGIENE SERVICES AND LIVE IN AN ENHANCED ENVIRONMENT.

The Environmental Health team has coordinated closely with the Emergency Team in Afghanistan to address health needs amid the NATO withdrawal, drought, earthquake, and cholera outbreak.

Nearly 7 million people served by IRC’s environmental health programming.

Environmental health was identified as a strategic priority in 15 countries.

The Health Unit strengthens and provides environmental health services—also known as water, sanitation, and hygiene services or WASH—to create a healthy environment for people to live and access safe and quality care. Since the onset of the COVID-19 pandemic, the Environmental Health team has measured infection prevention and control (IPC) adherence and addressed gaps, improving water and sanitation infrastructure in 26 countries.

Since the United States and NATO withdrawal from Afghanistan, the Environmental Health team has coordinated closely with the Emergency Health team to build and refurbish safe water infrastructure and respond to the drought, Paktika earthquake, and cholera outbreak that the country has faced. These efforts have included a unified approach to behavior change communications to encourage actions and practices that promote positive health outcomes for individuals and communities at large.

In Pakistan, the Environmental Health team has worked in the Khyber Pakhtunkhwa region to bring inclusive, gender-transformative WASH to rural communities and is incorporating a new focus on climate resilience. This work will focus on providing environmentally sustainable, inclusive WASH services; improving national and sub-national WASH sector systems; strengthening gender

and social inclusion in households, communities, and institutions; and using innovation to drive sustainable, inclusive, gender-sensitive, and climate resilient WASH. To initiate this effort, the team has conducted a Climate Change Hazard and Vulnerability analysis, a Climate Change Finance study, and co-authored a recently published [Climate Change Knowledge Gap Analysis](#) for the Asia Pacific region.

IMPACT



6.9 million
reached with services



2.7 million
served by built or rehabilitated water supply



3.8 million
people receiving direct hygiene promotion



1.8 million
households with access to improved toilet facilities



EMERGENCY HEALTH:

Within 72 hours of an emergency, the IRC is on the ground providing critical health services that enable clients to survive and begin to take control over their health and lives. From engagement in new regions such as Ukraine to the ongoing COVID-19 pandemic, in 2022 our team has excelled in some of the most complex, insecure, and challenging contexts. We continued to respond to the COVID-19 pandemic and scaled up our vaccination efforts among refugees and displaced populations and provided ongoing epidemiological analysis on the pandemic to help guide global decision-making. We also continued to support the Afghanistan response and establish health operations in the country amid overlapping political, economic, and climate crises.

At the onset of the war in Ukraine, the team mobilized to establish a foothold in a new geographic space and built partnerships to support local organizations' capacity to provide healthcare to those both fleeing and within Ukraine. Thus far, the IRC has supported 18 health facilities, provided advanced life support training to 120 physicians, and secured funding for two mobile clinics designed to reach the most vulnerable populations within Ukraine. We have also delivered 14 emergency trauma kits, which contain provisions for 50 surgical interventions and 700 beneficiaries.

2022 also saw the finalization and roll-out of the Outbreak Resource Package, a multiyear effort that resulted in a suite of resources designed to strengthen the timeliness and effectiveness of organizational responses in outbreak, epidemic, and pandemic settings. The multi-disciplinary package includes an evidence-based, operationally oriented toolkit, a blended learning course, an outbreak classification tool, and a supply chain preparedness package among other tools.

The food insecurity crisis in the Horn of Africa remains a focus for the Emergency Health team. We currently have staff deployed and have undertaken a multi-sectoral needs assessment in coordination with health technical advisors in the affected countries to identify gaps and establish an integrated Emergency Response Plan.

The Emergency Health team additionally worked in close consultation with others in the Health Unit to adapt the updated health outcomes for the emergency context and ensure the information provided in the emergency outcomes is both relevant and adapt to each specific context.

HEALTH SYSTEM STRENGTHENING AND QUALITY OF CARE

Infection prevention and control (IPC)—the practice of preventing or stopping the spread of infection in health facilities—is a key indicator of quality of care and requires a consistent supply of clean water, proper sanitation and hygiene practices, and ongoing monitoring to ensure the highest standard of care for our clients. The IRC Health Unit has, since the onset of the COVID-19 pandemic in 2020, collaborated with the measurement unit to develop a monitoring system based on the UNICEF WASH-FIT tool to measure IPC adherence and address gaps, improving WASH services in the 26 country programs that are undergoing regular assessments. As a result, the IRC has secured \$2.5 million grant from Moderna to strengthen IPC systems in Sierra Leone and the Democratic Republic of Congo to ensure that IPC and WASH improvements are sustained.

MONITORING, EVALUATION, ACCOUNTABILITY, AND LEARNING (MEAL)

The Health Unit's MEAL team provides the foundation for our monitoring and accountability framework, ensuring that we deliver impact in line with our mission and values. In 2022, the MEAL team supported the HU in streamlining our indicators, evaluating the impact of our programs, and providing technical assistance to strengthen strategic and country led projects. Each year, the MEAL team leads the development and analysis of the IRC-wide annual statistics, and this year was able to further refine our data to ensure we could disaggregate our impact by sex, age, and other key metrics. The



team also led the revision of IRC core indicators to further align our metrics with our intended outcomes, supported the development of a primary health toolkit, and initiated the creation of nutrition and health systems strengthening toolkits to further improve our programs.

In support of IPC goals, MEAL supported the data collection and analysis of the IRC's ongoing infection prevention and control assessments in 22 countries. This effort enabled us to improve IPC standards, with a 14% increase in facilities meeting IPC standards from the baseline to midyear assessment. The team continues to work in close collaboration with HU colleagues to drive the continued improvement of IPC in IRC-managed and supported health facilities.

RESEARCH & INNOVATION

The IRC is committed to designing, testing, and scaling the most effective and cost-efficient interventions to bring quality care to our clients at scale. The work of our Research & Innovation team informs the IRC's health programs and grounds our interventions in rigorous analysis and peer-reviewed evidence.

The IRC has two Global Research and Innovation Priorities (GRIPs) for healthcare: malnutrition treatment and sexual, reproductive, maternal, and newborn health. These GRIPs seek to develop breakthrough solutions that can revolutionize care in their respective sectors.

GLOBAL RESEARCH AND INNOVATION PRIORITIES

Malnutrition Treatment

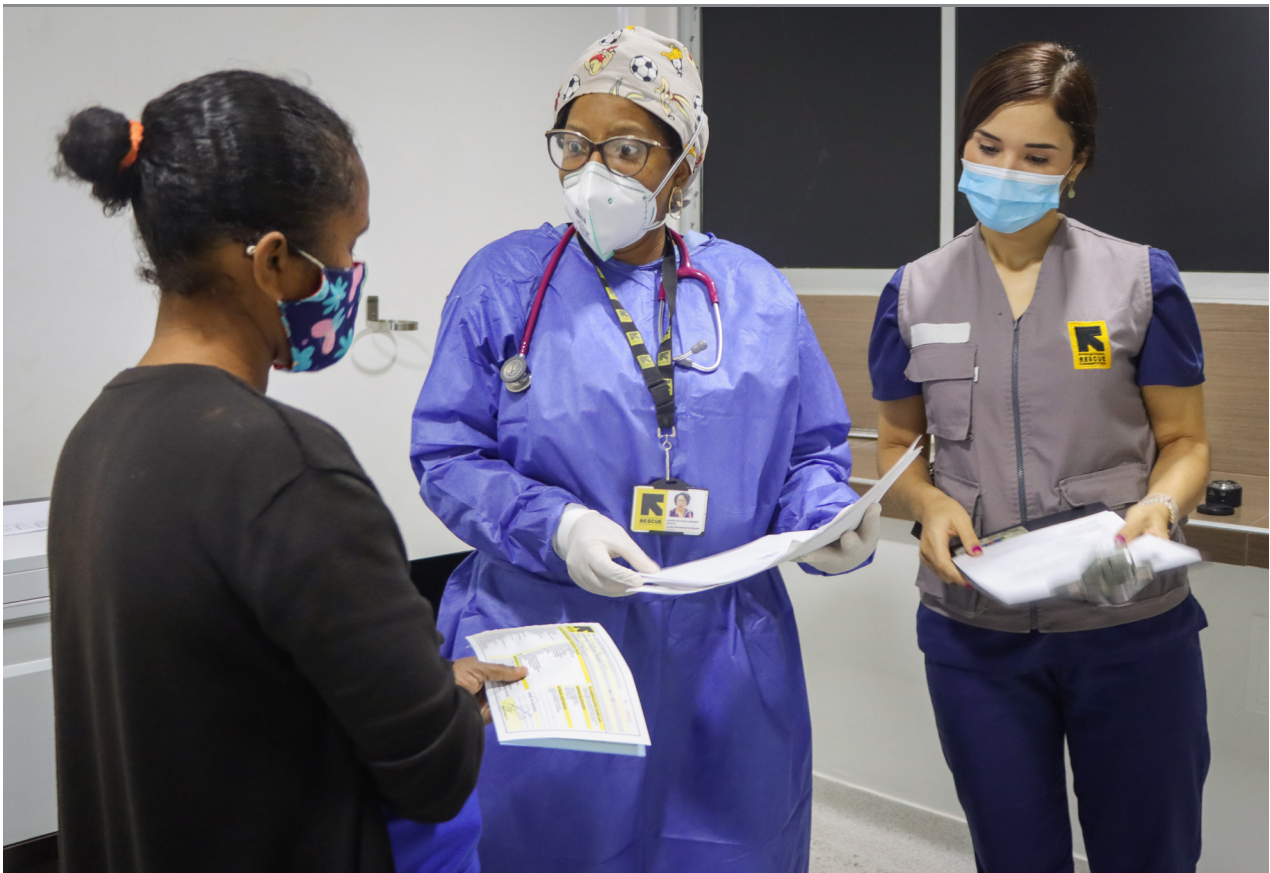
The IRC is at the forefront of innovation of acute malnutrition treatment and, through the GRIP, works to generate evidence to improve and scale treatment for children under five and maximize cost-effectiveness.

The IRC's research and innovation has led to breakthroughs such as the creation of the combined protocol, a simplified treatment approach that can reach more children, more cost-effectively, and strengthened evidence on the impact of a suite of simplified approaches that decentralize treatment. In 2022, we undertook three operational pilots on simplified approaches, treating 60,000 children and conducting a cost comparison between the [combined protocol](#) and the traditional, more complex treatment regimen. We launched a randomized control trial on how to improve admissions criteria to optimize impact and reach more children in need of care and conducted analysis on the impact of family MUAC—that is empowering caregivers to diagnose acute malnutrition in their children using a color-coded middle upper arm circumference tape. Taken together, these efforts are strengthening the evidence base for the use of simplified treatment approaches and enabling the scaling of treatment in a cost-effective manner.

Sexual, Reproductive, Maternal, and Newborn Health and Rights

The IRC believes that all people, no matter where they live, have the right to decide if, when, and how to grow their family and to quality care before, during, and after pregnancy. **The sexual, reproductive, maternal, and newborn health and rights (SRMNH) GRIP seeks to revolutionize access to contraception and safe abortion care through self-care and to develop evidence and innovations to improve community-based delivery of maternal and newborn care in humanitarian settings.** There is a dearth of evidence relating to self-care in humanitarian settings, and the IRC's Research & Innovation team is working to fill that gap by applying human-centered design to design and test program models that meet the expressed needs of women and girls in humanitarian and fragile settings. This year we launched a study to understand the feasibility and acceptability of DMPA-SC, a self-injectable contraceptive, in rural and conflict-affected regions of South Sudan, where accessing family planning services is especially difficult. In 2023, we will launch a Packard-funded innovation and advocacy project for self-care in Uganda. On the maternal and newborn health side, the GRIP is working in South Sudan and Somalia to strengthen community-based service models to deliver lifesaving care in the most underserved areas where access to facilities is disrupted and resources are strained. This includes conducting formative research in Somalia with women and family members, skilled and unskilled healthcare providers, and community members to capture their perspectives on seeking care for childbirth and behavioral insights on the provision of key MNH interventions. In parallel, GRIP and best-use-of-resources team members have been collaborating with the Booth School of Business at the University of Chicago to examine if mathematical models can be designed to use health estimates to inform and generate packages of community-level health services that are more likely to save maternal and newborn lives.

IRC is also a partner in EQUAL, a multi-year research consortium. EQUAL generates evidence on effective approaches to deliver lifesaving maternal and newborn healthcare in DRC, Nigeria, Somalia, and South Sudan—conflict-affected countries with the highest burden of maternal and neonatal deaths worldwide. Through a three-pronged approach of research, research uptake, and capacity sharing, EQUAL is increasing the prioritization of maternal and newborn health across its countries of operations and working with local partners to strengthen internal systems and quality of care and to build sustainability and resilience in both traditional and community-based health systems. As part of this effort, IRC has begun to design, introduce, and evaluate a community-based maternal and newborn care package, including the provision of immediate postpartum family planning.



Non-Communicable Diseases (NCDs)

The IRC has increasingly prioritized research on NCDs to help bridge the evidence gap on effective NCD interventions in humanitarian settings and support country programs to implement context-specific interventions that can deliver impact for our clients. In 2022, IRC, in partnership with American University of Beirut, won a ELRHA grant whose aim is to generate a consensus-based research agenda that will steer NCD research in humanitarian settings for the next decade. IRC also launched a research project in Thailand with Johns Hopkins University

and Khon Kaen University exploring the impact of integrating mental health interventions into NCD care for people living with hypertension, diabetes, and epilepsy. The IRC continues to contribute to the global knowledge on NCDs in humanitarian settings and in 2022, two papers were published in a special BMJ series on our NCDs work on adaptation during the COVID-19 pandemic and the assessment of NCDs kits use in Yemen and Libya. IRC's work on assessing the utility and usability of the WHO NCD kit in Yemen and Libya contributed to revision of the kits which are now being prepared for deployment.

ADVOCACY IN ACTION



The IRC Health Unit leverages its deep technical expertise, wide-ranging experience in service delivery, and research and innovation portfolio to conduct evidence-based advocacy in the service of two goals. First, we aim to identify and tackle policy barriers to our work and to the health of our clients. Second, we aim to scale innovative solutions through policy change and practice shifts.

Acute Malnutrition Treatment Reform

The Health Unit's Policy, Advocacy, and Communications team works to enable the scaling of acute malnutrition treatment, particularly through the adoption of safe, effective, and cost-efficient simplified approaches. We pursue this goal through four pillars of work: (1) exerting public pressure to drive urgency for scaled treatment; (2) advocating for global policies and practices that support scale, coverage, and cost-effectiveness; (3) promoting national policies that drive scale by simplifying and decentralizing treatment; and (4) calling for coordinated, sufficient, and reliable funding backed by strong accountability mechanisms. When the global hunger and malnutrition crisis increased and record funding was pledged to address acute malnutrition, the IRC highlighted evidence that simplified approaches—including the IRC-designed combined protocol—can be a valuable tool to reaching more children with lifesaving care. During key global moments such as the World Health Assembly, G7, and UN General Assembly, we hosted

events and high-level meetings and published [policy briefs](#), [press releases](#), [media features](#), and [op-eds](#)—including one [co-authored](#) by President and CEO David Miliband and UNICEF Executive Director Catherine Russell—to generate urgency and outline practice shifts that could scale treatment. We continued our engagement as an observer in the WHO's Guidelines Review Process and provided 40 pieces of evidence and bespoke analysis to the multi-year effort to update global guidelines for acute malnutrition treatment. Throughout the year, we engaged high-level stakeholders, including those from the United States and French governments and UN leadership through both direct and public advocacy, including high-level events such as the Clinton Global Initiative. As the global hunger crisis mounted, we saw our key messages mirrored by the United States, UNICEF, and other leading global actors, including the [US Senate Foreign Relations Committee](#). These relationships proved crucial upon the launch of the more than \$500 million USAID-UNICEF partnership to scale treatment as the IRC was brought in to serve as a technical advisor.

At the national level, we worked closely with the governments of Kenya and Somalia to prioritize treatment coverage and were selected to lead a working group on community management of acute malnutrition in Somalia, which saw one province adopt a simplified, combined protocol. We additionally worked with six countries in West Africa to develop simplification roadmaps for treatment and, as part of

the USAID-UNICEF partnership, are supporting 13 target countries in their efforts to deliver lifesaving treatment to children in need. Lastly, we worked with UNICEF and partners to mobilize financing for scaling acute malnutrition treatment and are participating in the recently relaunched Action Review Panel to drive global accountability.

Sexual and Reproductive Health and Rights

As part of our commitment to gender equality and SRHR, the IRC advocates for policies and funding to increase the quality of and access to comprehensive services at the global and national levels. As part of the self-care pillar of the GRIP, we convened a global task team to strengthen investment in and momentum for self-care in humanitarian and fragile settings, which in FY23, will convene global stakeholders to identify priorities and a roadmap for change, as well as develop operational guidelines in collaboration with WHO. Through the SHIFT project, which aims to meaningfully transfer power from international NGOs to local and community-based organizations, we supported the Uganda country program and local partners in developing advocacy strategies that successfully led to the passing of district resolutions that increased the prioritization of and directed funding to sexual and reproductive health and rights. In 2022, we continued our leadership of the IAWG Newborn Initiative, securing funding to extend the Initiative through 2024, and engaged in ongoing advocacy to advance key global priorities outlined in the Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings, including increasing representation of humanitarian contexts in the global maternal and newborn health agenda and driving funding to fill research gaps on quality of care, essential newborn care, and health system strengthening, including referral pathways.



Immunization

In 2022, immunization, both routine and against coronavirus, proved central to our health advocacy. Since the onset of the COVID-19 pandemic, the IRC has been a leading voice for equitable access to testing, therapeutics, and, eventually, vaccines. This year, we advocated for engaging NGOs and civil society organization to extend the reach of governments to address persistent inequities in vaccine coverage, particularly for communities affected by conflict and crisis. As part of the INGO Collaborative, we estimated that we could vaccinate 50 million people across six priority countries with \$500 million. In February, Mesfin Teklu Tessema, Senior Director of Health, published an [op-ed](#) in the Hill advocating for renewed commitment to vaccine equity amid the onset of the Omicron variant. 2022 also saw the launch of our groundbreaking new partnership with Gavi, the Vaccine Alliance to vaccinate children who have not received any routine immunizations, known as “zero-dose children.” As part of this project, we are beginning joint advocacy on the urgency of immunizing zero-dose children and the ability of international NGOs, like the IRC, to extend the reach of health systems into areas that are unserved or outside national governments’ control.



HEALTH UNIT TEAM

The success of the Health Unit is attributable to the more than 70 dedicated staff members that pursue our mission to deliver best-in-class health services to our clients at scale. Throughout 2022, we invested in growing our team, improving our collaboration across sectors, and nurturing a diverse and welcoming environment for all staff.

In 2022, the IRC rolled-out an organization-wide Gender, Equity, Diversity, and Inclusion (GEDI) Action Plan designed to strengthen our systems, culture, and practices and ensure that respect and equity are at the center of both our programming and ethos. At the Health Unit level, we engaged in an elaborate consultation process and developed a two-year GEDI Action Plan of our own. The overarching objectives commit to a diverse and inclusive culture within the HU, in our work and how

we relate to each other and our partners, ensuring accountability, transparency, open communication, and dialogue. The plan is designed to support the implementation of health programs in a way that ensures the best outcomes for our clients with their voice and choice reflected in our decisions.

As we continue to grow our team and scale our services, the Health Unit is placing specific emphasis on work-life balance, recognizing that our commitment to health and well-being cannot be limited to our clients and that staff burnout negatively impacts our ability to deliver upon our mission. We have designated senior leaders to oversee this effort, have engaged in quarterly assessments, and continue to refine our practices to ensure that staff well-being is properly prioritized.

LOOKING AHEAD



2022 has been a year of great growth and success for the IRC Health Unit. Despite a range of ongoing global challenges and an unprecedented number of people displaced, we have been able to provide quality healthcare services and deliver impact for our clients. In 2023 and beyond, we will continue to build on this foundation to scale our programs, maximize our impact, and drive new innovations that can improve access to and quality of care. Key to these efforts will be supporting IRC country programs to improve their scale and quality and achieve their programmatic ambitions.

The next year will be a critical moment for strategic partnerships as we continue to build networks that can increase our scale and impact. The Gavi REACH project will complete its first year of implementation and develop tailored solutions to reach zero-dose children, missed communities, and cross-border populations. The UK Foreign, Commonwealth and Development Office-funded EQUAL, a multi-country research consortium on maternal and newborn health, will move into its implementation phase leveraging its research findings to advance best practices for maternal and newborn care alongside local partners in the Democratic Republic of Congo, Nigeria, Somalia, and South Sudan. The WISH project has been extended through March 2024 and, as part of the FCDO's early market engagement process, the IRC is positioning itself to lead a new stage of this critical family planning program, which will commence in April 2024.

The Health Unit will also continue its commitment to improving quality of care for our clients. We will drive progress through the roll out of the

Quality Improvement framework, which will integrate the ongoing IPC assessments and reporting and enable data-driven decision making to implement quality improvement. Integration of services will prove crucial, and the Health Unit will continue to build on its achievements in this space with a new focus on integrating mental health and psychosocial support with primary care programming. Additionally, the Health and Governance Units will continue to collaborate on the development of guidance on health systems strengthening to support the achievement of IRC's strategic priorities and further build the capacity and resilience of local health systems.

2023 will be another big year for nutrition advocacy. We will continue to work with the US government and UN agencies to build on the historic investment in acute malnutrition treatment and ensure this investment is efficiently translated into outcomes. We will also work closely with countries heavily affected by food insecurity to scale treatment delivery, particularly using simplified approaches.

We will play an active role in the newly launched USAID-UNICEF partnership that mobilized more than \$500 million in the second half of 2022 to address acute malnutrition in countries experiencing the highest rates. The IRC will manage the global coordination mechanism, offering guidance and addressing bottlenecks to ensure that lifesaving treatment is effectively scaled. At the national level, we will support 13 countries in East Africa and the Sahel, providing rapid technical assistance to address the immediate needs of national treatment scaling efforts. The GiveWell funded Community Management for Acute Malnutrition Avance project will continue to scale treatment across five

countries while overcoming supply chain challenges and mobilizing funding to expand the project into three new countries.

The IRC will finalize the outlook for NCD research by leading a consensus-based research agenda that will steer NCD research in humanitarian settings for the next decade. Finally, we will continue to prioritize the Health Unit's culture and staff well-being with the aim to nurture a welcoming, respectful, diverse, and equitable environment that supports staff's career growth, builds their professional capacities, and strengthens our collective ability to achieve our mission.

The International Rescue Committee responds to the world's worst humanitarian crises and helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future. In more than 40 countries and in 26 U.S. cities, our dedicated teams provide clean water, shelter, health care, education and empowerment support to refugees and displaced people.

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