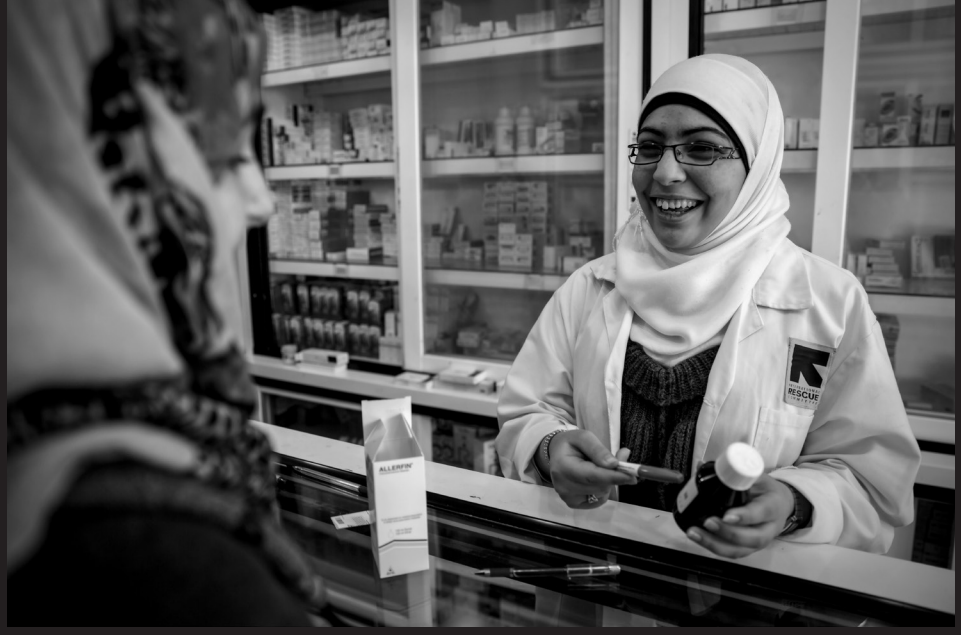
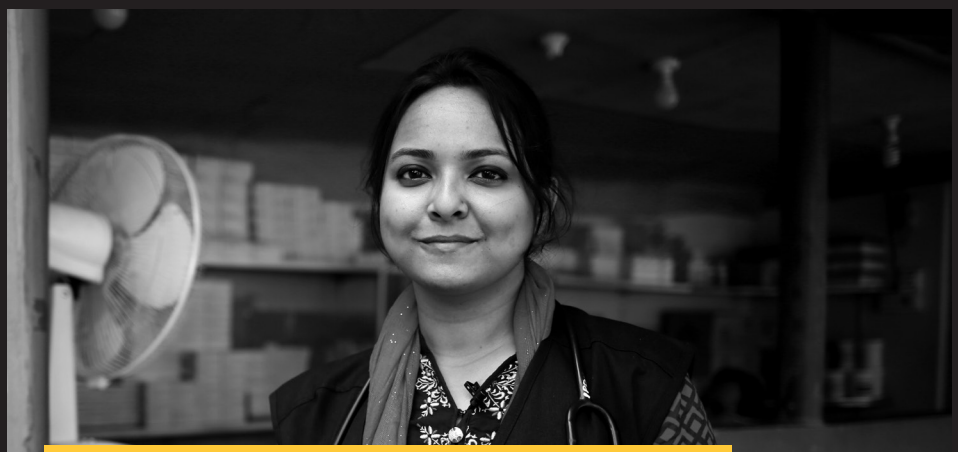




INTERNATIONAL RESCUE COMMITTEE

DELIVERING LIFE-SAVING HEALTH SOLUTIONS ACROSS HUMANITARIAN & FRAGILE SETTINGS

Each year, millions of people die from preventable causes in countries affected by conflict and natural disasters. Most of these deaths are the result of weak health systems and crisis-related disruptions: poor sanitation, shortages of food and medicine, and inadequate prevention efforts. The International Rescue Committee (IRC) helps those who are experiencing or recovering from conflict and disaster – including refugees, internally displaced people (IDPs), and people living in refugee host communities – to reduce their risk of falling ill and receive treatment when they do. We define success in our health program by measuring against 5 core outcomes: →

1. **Children are healthy and survive**
2. **Children are well-nourished and protected from all forms of undernutrition**
3. **Women and girls achieve their sexual and reproductive health and rights**
4. **Adolescents and adults are mentally and physically healthy**
5. **People access water, sanitation and hygiene services and live in an enhanced environment**

With a focus on delivering the best in-class services and solutions, we want our programs to be a model for the highest global standards of quality and impact for our clients. In collaboration with local partners, we advocate that empowerment and lasting change must be the norm for everyone caught in crisis, not just those we serve directly.

At the IRC, we do this through four strategic pillars:

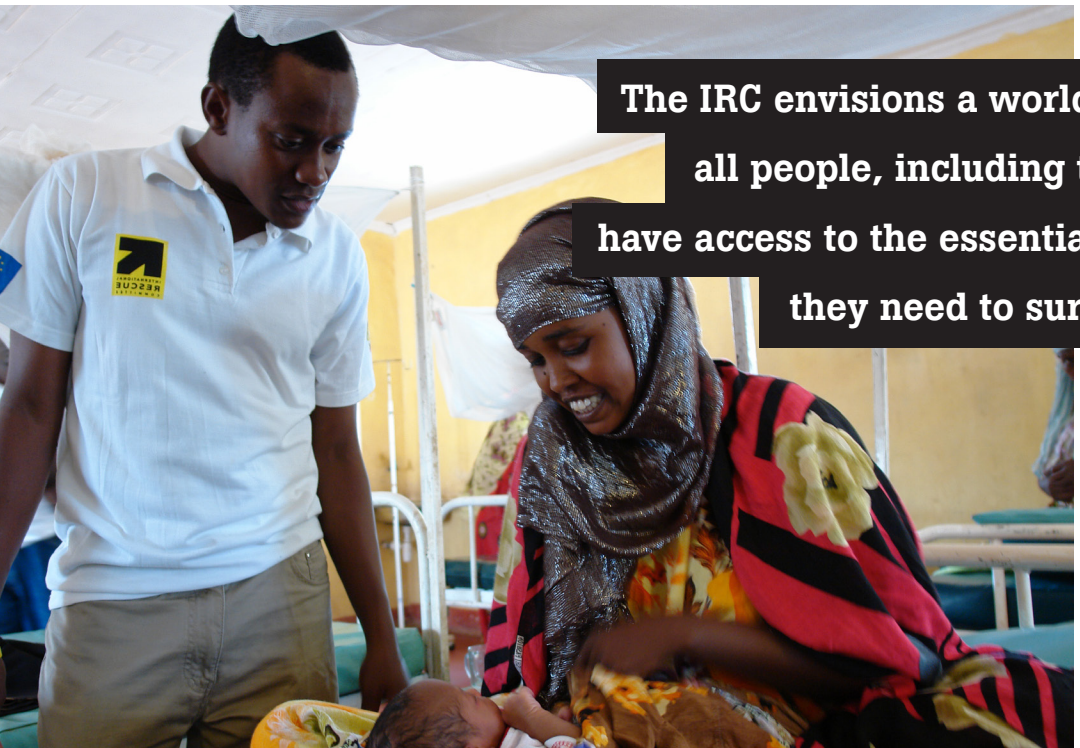
We are committed to using monitoring and evaluation to consistently learn and improve the quality of our programs.

We design and implement evidence-based programming to see SOLUTIONS AT SCALE

We rapidly respond to crises with life-saving EMERGENCY HEALTH services

We invest in RESEARCH AND INNOVATION to fill evidence gaps and understand what will best serve our clients

We use our research findings and programmatic experience to INFLUENCE POLICY & PRACTICE



The IRC envisions a world where all people, including those affected by crisis, have access to the essential health services they need to survive and thrive.

DESIGNING AND DELIVERING HIGH QUALITY HEALTH SOLUTIONS AND SERVICES AT SCALE

Delivering best-in-class health services to IRC's clients is made possible by our commitment to design and implement evidence-based programs. This includes building long-term, resilient health systems designed to have a lasting health impact in the world's most challenging places. The IRC has a robust portfolio of health programs.

OUR AREAS OF WORK

PRIMARY HEALTH

The IRC uses comprehensive primary health care as the foundation from which to deliver a range of health services in the conflict-affected and fragile states where health systems are weakest. In partnership with Ministries of Health, we develop health worker capacity and help health systems recover and build resilience while ensuring specialized care is available to displaced populations.

CHILD HEALTH

We deliver care for common childhood illnesses such as malaria, diarrhea, and pneumonia. Treatments are available in health facilities, via mobile clinics and in many places, directly in the communities through community health workers (CHWs) as part of integrated community case management (iCCM) and integrated management of newborn and child illnesses (IMNCI). We also support the delivery of routine immunizations to children in hard-to-reach areas.

NON-COMMUNICABLE DISEASES (NCDS)

We provide care for crisis-affected people living with NCDs – hypertension, cardiovascular disease, diabetes, and chronic obstructive pulmonary diseases (COPD) – by integrating NCD programming into recovery and development efforts to ensure clients receive uninterrupted treatment. In some contexts, CHWs have been trained to support the management of NCDs through community follow up.

SEXUAL AND REPRODUCTIVE HEALTH (SRH)

Our core SRH package ensures care before, during and after pregnancy – including safe and respectful maternity and delivery services for women and newborns; access to clients' contraceptive of choice; treatment of sexually transmitted diseases; post abortion care; and clinical care for survivors of sexual assault.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

We integrate mental health and psychosocial support into our primary health programs while strengthening community support systems. This includes providing pharmacological and/or non-pharmacological care for conditions ranging from depression and anxiety to psychosis and bipolar disorders.

NUTRITION

We increase access to, and continuity of, treatment for acute malnutrition through in-patient and out-patient care. Using evidence from our cutting edge research, we're simplifying diagnosis and treatment and bringing care closer to home. We're also delivering high-impact preventive services through infant and young child feeding programs, lactation support for breast feeding women, cash vouchers, complementary feeding promotion, and micro-nutrient supplementation while also investing in nutrition integration across health, education, early childhood development and economic programming.

ENVIRONMENTAL HEALTH

In partnership with government, civil society and private sector partners, we're addressing access to water and sanitation services in communities and at health facilities; improving hygiene behaviors including hand washing, proper disposal of waste, and safe methods for handling/storing water; creating demand for improved sanitation facilities through Community Led Total Sanitation; and ensuring the integration of water, sanitation and hygiene (WASH) into other elements of emergency response and recovery.

OUR APPROACH

- **Health systems strengthening**
  Working with Ministries of Health and other stakeholders to build the capacity of the health workforce, support health facilities, and strengthen supply chains.
- **Community health**
  Bringing care closer to home by strengthening community health systems including working with CHWs.
- **Cross-sector integration**
  Taking an integrated approach to ensure maximum impact and efficiency.
- **Humanitarian development nexus**
  Working across the arc of a crisis from providing direct service delivery during an acute emergency to ensuring continuity of care through recovery. This builds resilience and preparedness despite the risk of continuous shocks and crises.
- **Local partnerships**
  Investing in partnerships with local organizations who are well-placed to advance locally-driven solutions with sustainable impact.
- **Use of data for decision-making**
  Defining parameters for measuring our impact and supporting a bottom up approach to use of data to course correct, respond to beneficiary feedback and address the quality of services.

RESEARCH AND INNOVATION

DEVELOPING BREAKTHROUGH SOLUTIONS FOR OUR CLIENTS

There is a significant lack of evidence on the most effective health interventions for crisis-affected contexts. This leads to a reliance on assumptions, experience, and intuition. The IRC is committed to filling these gaps by conducting rigorous research and operational studies that use our creativity and expertise to build the evidence for the most impactful interventions and approaches that improve health outcomes across humanitarian settings. Our body of health research is diverse – looking at ways to deliver proven interventions while also examining new approaches to meet the needs of our clients. The IRC's research cuts across many areas of health – this is a snapshot of our core focus areas.

GLOBAL RESEARCH AND INNOVATION PRIORITIES

The IRC has identified three organizational research and innovation (R&I) priorities to focus our energy over the coming years and generate a set of breakthroughs to radically improve client outcomes and change the humanitarian sector. Two of the three priorities are health focused.

CHILD MALNUTRITION

We're committed to scaling innovations that improve access, coverage and cost-effectiveness of acute malnutrition treatment in children under five. Working with partners, the IRC implemented a randomized control trial titled ComPAS. Conducted in South Sudan and Kenya, the trial examined the efficacy and cost-effectiveness of treating children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) together with a simplified diagnostic approach and treatment. The trial revealed that the combined protocol is safe, effective, and more cost-efficient than current approaches. We also completed a pilot study in South Sudan assessing whether CHWs could effectively treat children with SAM in the community using tools adapted for low-literate individuals. Results demonstrated that with the modified tools, low-literate CHWs could adhere to a simplified treatment protocol for uncomplicated SAM with high-accuracy showing promise for bringing care closer to home.

SEXUAL, REPRODUCTIVE, MATERNAL AND NEONATAL HEALTH

We're investing in research and innovation to improve the effectiveness and efficiency of interventions to reduce unintended pregnancy and improve access, clinical quality, and dignity around maternal and neonatal health care — this includes investigating self-administered and community-based care. For example, in South Sudan and Nigeria, we conducted an operational research study to identify the most effective combination of interventions to increase adolescent use of SRH services in humanitarian settings. We are now collaborating with the Ministry of Health and its partners in South Sudan to develop a study on the feasibility and safety of self-administered contraception and we will soon lead a research consortium on maternal and newborn health in conflict-affected contexts.

ONGOING IRC HEALTH RESEARCH PRIORITIES

NON-COMMUNICABLE DISEASES

In Syria and the DRC, the IRC conducted operational research to understand models for managing NCDs in crises through primary health care systems. This included analyzing challenges to patient access and delivery of care; exploring the feasibility of collecting patient clinical data at facilities; and understanding the possibility of improved adherence to care. The study revealed care was medication-focused due to the lack of resources, clinical capacity, and a large burden of disease. It also demonstrated the possibility of improving sustained care through monthly case reviews and community outreach. Another study is underway in refugee settings in Jordan aiming to establish the prevalence of hypertension and diabetes, barriers to access, and the proportion of cases not receiving care. With the data collected, the study will identify technical gaps and pathways for service provision including through CHWs.

HEALTH AND COMMUNITY SYSTEMS STRENGTHENING

Alongside partners, the IRC conducted a study to investigate ethical challenges experienced by humanitarian health organizations in Syria, where violence is often directed at civilians and health care providers. Through desk research and in-depth interviews with frontline health workers, the team developed and piloted an ethical framework with practical tools to guide humanitarian organizations through complex ethical challenges. For example, when a hospital is attacked and cannot continue operations, is it better to rebuild at the same location or move to a safer one farther away — even when doing so may hinder access to care for some? We have also led research for effective approaches to strengthen community health systems – In Liberia, for example, we executed a "CHW program adaptation design sprint" to understand the potential of leveraging community networks to expand essential services in low-tech and hard to-reach-areas. This included testing approaches for remote supervision. The process will soon be replicated, using learning from this sprint, with a focus on reproductive health services.

WOMEN AND GIRLS

In partnership with Columbia University Mailman School of Public Health, the IRC sought to understand approaches for integrating Menstrual Hygiene Management (MHM) into emergency response programming. Through key informant interviews and assessments in Myanmar and Lebanon, we explored priority MHM needs in crises. A toolkit was developed and piloted in Tanzania refugee camps and later published to provide practical guidance to plan, implement, and monitor MHM programming.

NOTE: This is not a comprehensive list of the IRC's health research and innovation work. More can be seen here.

EMERGENCY HEALTH

The IRC generally works in remote, poorly resourced and highly vulnerable areas. These areas can be at risk of natural disasters, infectious disease outbreaks, at a crossroads for conflict, and characterized by extreme inequity in access to health care. With our continuous presence and engagement in these areas, we are well-positioned to respond to emergencies providing the essential health services that increase survival within crisis-affected populations.

PREPAREDNESS

The IRC builds country preparedness by helping to strengthen the capacity of Ministries of Health and local partners to rapidly support populations affected by public health emergencies. This includes developing training curriculums and a range of global resources while establishing IRC Country Emergency Teams (CETs) who receive technical emergency health preparedness training.

RESPONSE

When a crisis strikes, our emergency health team deploys within 72 hours, bringing urgently needed supplies and expertise. We provide essential, high-impact care, proven to save lives including child and newborn health, communicable disease control (including outbreak surveillance and response), SRH (including clinical care for sexual assault survivors), NCD and mental health care, nutrition, and environmental health (water supply, hygiene promotion, and waste management). As the acute phase of an emergency ends, the IRC builds long-term health programs in partnership with Ministries of Health. We focus on delivering services at the community and primary healthcare levels, enabling us to reach more people, faster and more effectively. Over the years, we have responded to a diverse range of emergencies from conflicts and mass displacement to famines and outbreaks.

Our health programs work across the humanitarian development nexus – from emergency preparedness, response, recovery and reconstruction – to ensure coordinated and uninterrupted health services, while sustaining investments made in health systems to improve availability, quality, and access to health care.

EBOLA IN WEST AFRICA AND THE DRC

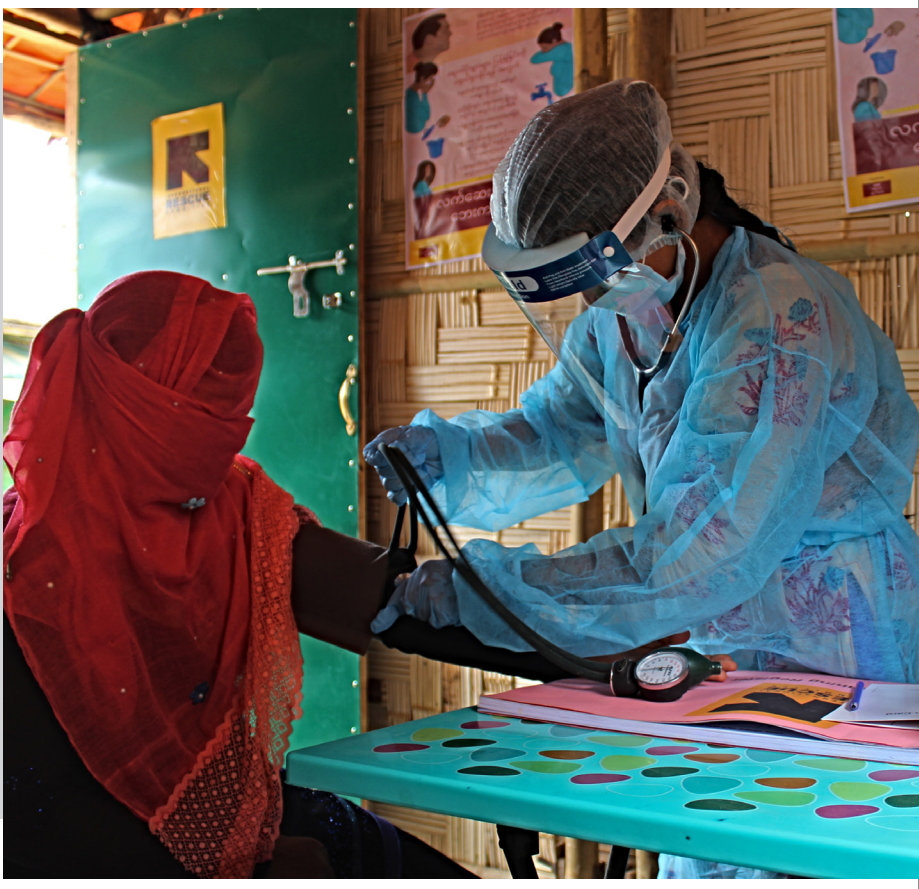
In the fight to contain Ebola, we supported more than 100 health facilities in the DRC (2018-2020) and hundreds in Liberia and Sierra Leone (2014) providing personal protective equipment (PPE) to health workers, training them to screen for Ebola, sharing protocols for isolating suspected cases while providing surge support to existing health facilities with a team of infection prevention and control (IPC) specialists, environmental health experts and medical logisticians. Support included setting up triage in health centers, building WASH infrastructure for hygiene and waste disposal practices, organizing community surveillance, contact tracing and community sensitization.

DISPLACEMENT IN BANGLADESH

Nearly 1 million Rohingya have fled violence in Myanmar to Cox's Bazar where they live in overcrowded and often unhygienic camps. With each monsoon season, people face diphtheria and cholera outbreaks; emergency levels of malnutrition; and contaminated water leading to dengue fever, hepatitis and diarrhea. We have established several "one-stop shops" where our teams provide comprehensive care for women and girls, including reproductive and childbirth services and clinical care for survivors of violence. We've introduced BEmONC (Basic Emergency Obstetric & Newborn Care) facilities and antenatal care (ANC); established mobile medical teams; and work with CHWs to raise awareness of available services.

COVID-19

The COVID-19 pandemic exacerbates all of these existing crises putting people living in countries affected by conflict and crisis at greater risk. The IRC has launched a global response to the pandemic, with a focus on containing the spread of the virus while maintaining essential health services through innovative, and life-saving program adaptations – community health delivery, telemedicine, simplified protocols – IPC measures and access to/proper use of PPE. We are also advocating to ensure people living in fragile contexts are prioritized in humanitarian response and funding plans and in COVID-19 vaccine delivery programs.



INFLUENCING POLICY & PRACTICE ACROSS THE HUMANITARIAN SECTOR

IRC's commitment to research not only grounds programmatic decision-making, but is coupled with technical and policy advocacy to transform health practice across the humanitarian sector.

HOW WE INFLUENCE

Our approach to influencing humanitarian health policy taps into our technical excellence, thought leadership, and relationships with donors and policy makers. We build strong and effective campaigns for policy change by coupling high-level influence work with evidence-based recommendations derived from our research and operational experience.

WE SPEAK ON GLOBAL STAGES

Delivering speeches at the World Innovation Summit for Health, the Global Refugee Forum, the World Health Assembly, and the International Conference on Population and Development (ICPD25)..

WE SHARE OUR EXPERTISE AND EXPERIENCES THROUGH MEDIA

Publishing opinion articles in Newsweek & the Guardian; contributing perspectives to stories in the NY Times and Newsweek.

WE ENGAGE DECISION MAKERS

Sharing recommendations through letters, statements, and private briefings.

WE CONVENE EVENTS

Hosting Ambassador Roundtables, CEO dialogues, and high-level panel discussions.

WE PARTNER

Engaging in technical and policy networks like CORE Group, the Inter-Agency Working Group for Reproductive Health in Emergencies (IAWG), and the International Coalition for Advocacy on Nutrition (ICAN).

ADVOCACY IN ACTION

The IRC's current focus areas for health policy change include nutrition, sexual and reproductive health, and Covid-19. Specific examples of our health advocacy in action include:

REFORMING THE ACUTE MALNUTRITION TREATMENT SYSTEM

The IRC leads an ambitious advocacy agenda for acute malnutrition treatment reform that seeks to ensure IRC's innovative approaches are endorsed, adopted into policies and guidelines, and adequately financed. With the ultimate goal of increasing access to lifesaving treatment for children under-five, we are mobilizing resources for wasting in the lead up to the Nutrition for Growth Summit in 2021; building momentum with partners for collective action; engaging UN leaders, government officials, and donors at the highest levels; and translating evidence from IRC's research trials and operational pilots into accessible information for policy makers. This work contributed to the release of the Global Action Plan on Wasting, a commitment to update WHO treatment guidelines, and inclusion of simplified approaches in COVID-19 guidance endorsed by UN agencies.

PRIORITIZING ACCESS TO CONTRACEPTION IN EMERGENCIES

The Minimum Initial Service Package (MISP) for Reproductive Health – a priority set of life-saving activities to be implemented at the onset of every humanitarian crisis – serves as the guideline for providing SRH services in emergencies. The 2010 version of the MISP did not recommend contraception as a priority. By demonstrating the feasibility and demand for these services in 22 acute emergencies, engaging in clusters meetings, and sharing evidence at global forums, the IRC and partners successfully advocated for revision of the MISP which now calls for the immediate provision of contraceptives and safe abortion care.

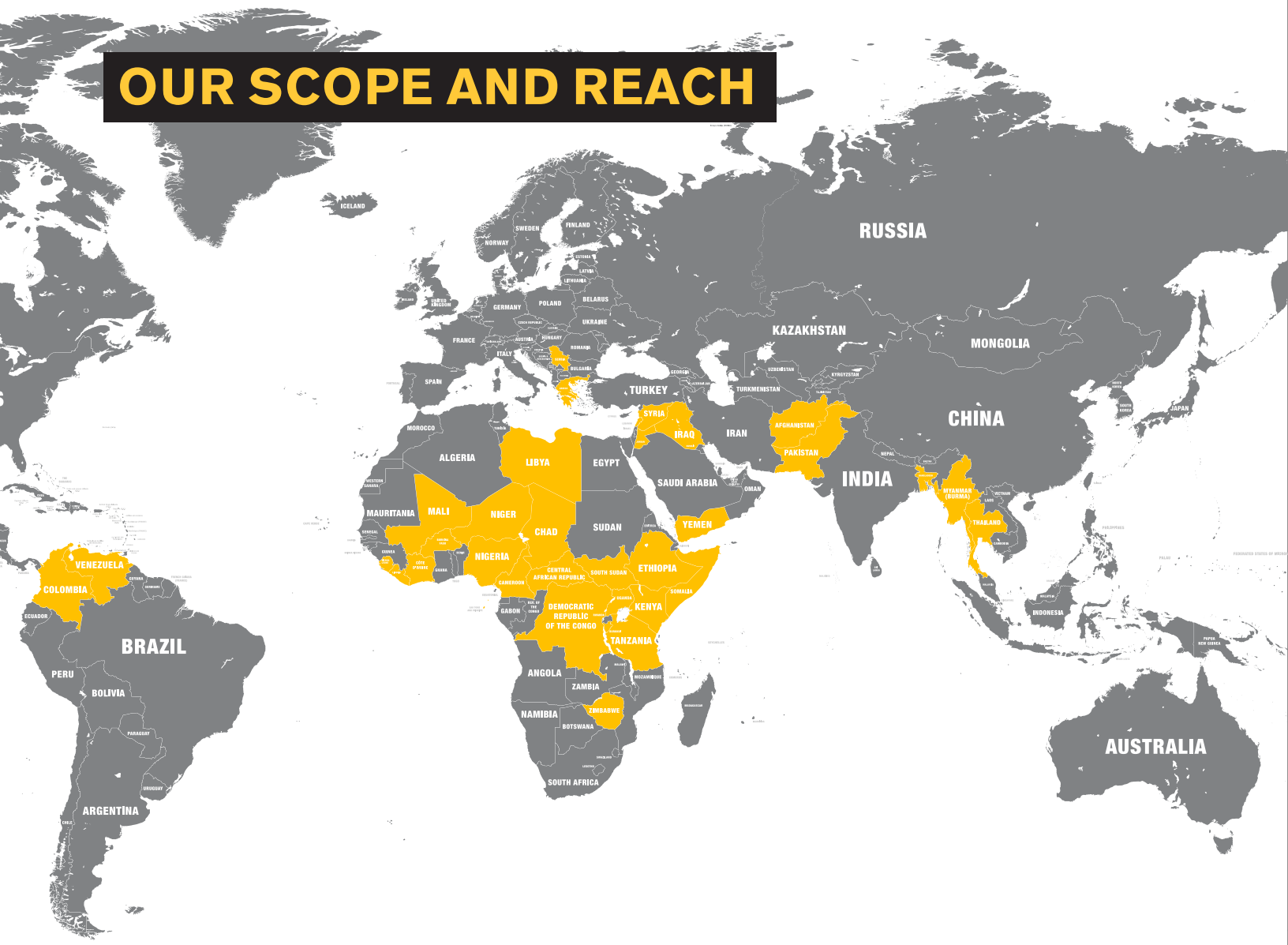
REVISING NATIONAL ICCM POLICY

After completing operational research on simplified iCCM tools for low-literate CHWs in the DRC – including developing user-friendly pictorial tools for assessing sick children – we embarked on dedicated advocacy to encourage national adoption of an adapted training package. With evidence demonstrating the effectiveness, efficiency, and lower cost of using the new tools, we effectively engaged the Ministry of Health in revising the national iCCM tools and data collection forms to increase usability and improve the quality of care delivered by CHWs to sick children. Activities included engaging government officials throughout the development and testing of the tools; policy dialogues; and community mobilization to generate demand and support for the service adaption.

ENSURING EQUITABLE ACCESS TO COVID-19 TOOLS

With numerous COVID-19 tools in development, the IRC is advocating to ensure the needs of displaced people and those in crisis-affected states are included in global planning for Covid-19 vaccines, therapeutics, and diagnostics. We are also mobilizing resources to support health systems to both aid in the current response to Covid-19 and lay the groundwork for strong future delivery systems when a vaccine is available. This work stream includes strategic engagement with the new ACT accelerator.

OUR SCOPE AND REACH



The IRC health programs serve children, women and men in 32 countries and in 2020 alone, the IRC provided more than 31 million people with access to health services. Health programs currently account for nearly 50% of IRC's operational work around the world.

IRC'S HEALTH IMPACT IN FY2019

Primary Health care:

- Trained and supported more than 17,000 CHWs and more than 13,000 health care workers.
- Provided 202,500 treatments to children under-five for pneumonia, diarrhea, and malaria.
- Provided ~956,600 NCD consultations and ~82,500 consultations for mental health conditions.
- Supported nearly 3,000 health facilities including primary, hospital, and mobile clinics.

Nutrition

- Treated ~410,000 children under-5 for acute malnutrition.

SRH:

- Supported ~225,000 clients in starting use of contraception for the first time.
- Supported ~180,000 births which took place at facilities attended by a skilled health professional.

Environmental Health (WASH):

- Served 2.6 million people with newly built or rehabilitated water infrastructure.
- Reached 3.1million people with access to sanitation facilities.