I am pleased to share the Strategic Priorities for 2019 for the Programmes and Operations Division of the International Federation of Red Cross and Red Crescent Societies (IFRC). This document outlines our plans and anticipated opportunities for collaboration for the year ahead. Our IFRC role within the humanitarian network is essential but can only be successful with the support and collaboration of a diverse range of partners.

These priorities support the full spectrum of humanitarian activities that the IFRC and its member National Societies provide. They link our work on preparedness and capacity building, emergency operations, and long-term resilience building to help communities, local organizations, and our wider collective humanitarian network respond to diverse threats to community safety, health, and well-being. These threats are dynamic and vary from community to community and over time. They include pandemic and health risks, natural and technological hazards, conflict and complex emergencies, population
displacements, and road accidents – issues that threaten our development gains and increase the exposure and vulnerability of people and communities.

Within the framework of Strategy 2020 and the overall direction set by the General Assembly through the secretariat Plan and Budget 2016–2020, the Programmes and Operations Division aim to contribute towards the following strategic objectives in 2019:

**Aligning and integrating our vision and actions for results:** We provide leadership in coordinating the aspirations and strategies of National Society partners engaged in vital services to the communities to maintain their relevance in the changing world. We advocate on behalf of the people and the communities left behind with external and internal audiences based on our principles and values to achieve humanitarian priorities that meet the needs of vulnerable populations. We make the last miles our first miles.

**Strengthening capacity and our base of expertise:** We strengthen the coherence and consistency of National Societies Capacity Strengthening approaches through Programmes and Operations so that the National Societies become more relevant to meet humanitarian needs by increasing the magnitude, quality and impact of their work. We actively promote National Society led initiatives to encourage them to act as centers of learning. As a catalyst for change and renewal, the secretariat will continue to maintain the institutional memory of the IFRC and promote programmatic learning and knowledge management for benefit of all partners.

We also provide global leadership to strengthen and expand the pool of technical expertise in operational leadership as well as in all our areas of focus to ensure that the IFRC membership and the secretariat always maintain a well-trained and deployment-ready HR capacity in all areas of our programming and emergency operations.

**Strengthening emergency response:** At the request of National Societies, we speedily mobilize and coordinate international assistance during large scale disasters and health emergencies at the scale to make a real difference among the most vulnerable. We accompany the National Societies to deliver more effective responses to emergencies through comprehensive preparedness, response and recovery operations. We strive to increase share of consistent and reliable Red Cross Red Crescent action in support of communities affected by disasters and crises.
Building Community Resilience: We ensure enhanced focus on community resilience activities alongside well-known disaster assistance efforts. The longer-term programmes focus on contributing to building safer and more resilient communities through an integrated programming approach. We support National Societies to scale up their leadership and institutional capacities that extend their reach and quality of services.

Improving quality, efficiency and transparency: Working with the IFRC Regional Offices, we help National Societies meet the growing expectations for operational accountability and transparency by beneficiaries, donors and our partner organizations through improved operational planning, stronger technical oversight, high quality evaluation and better use of data and evidence.

Enhancing our profile and influence: Through Programmes and Operations, we provide support to National Societies, through our field offices, to strengthen their relations with international and regional organizations, and respective governments to persuade decision makers and opinion leaders to act, at all times, in the interest of vulnerable people, and with full respect for fundamental principles.

Deepening our tradition of togetherness through shared leadership and enhanced partnerships: Through Programmes and Operations, we contribute towards strengthening cooperation and collaboration within the RCRC Movement through modernized cooperation mechanisms and tools, and a greater sense of belonging, ownership, and trust in our International Federation.

Thank you for your partnership and support.

Jagan Chapagain
Under-Secretary General
Programmes and Operations Division
1 CONTEXT

The gap between humanitarian needs and available resources is growing wider. Preventative action and preparedness have led to substantial dividends, but international funding for these activities is increasingly difficult to obtain. Many people in dire need are being left behind by the international humanitarian system, due to funding constraints and other barriers, as reported in the World Disasters Report, 2018.

Humanitarian needs continue to rise at a global level, in large part due to the increased number and duration of protracted crises and the impact of climate change. Major health threats such as epidemics, non-communicable diseases and diseases linked to inadequate sanitation continue to pose enormous risks to global health. Urbanisation represents a growing driver of risks. The cumulative impact of small scale emergencies that fail to make global headlines or engage international responders fuel displacement and lead to economic and development losses around the world.

Patterns of human mobility, displacement and migration are changing and pose significant challenges. As the international community re-emphasises the importance of finding durable solutions for the millions of people displaced due to conflict and natural disasters, state-led negotiations are taking place on a Global Compact for Safe, Orderly and Regular Migration and a Global Compact for Refugees, serving to highlight the urgency of these issues.

Social and demographic change across the world place severe pressure on already stretched and fragile health systems as they relate to the cost of ageing populations, the persistence of disease epidemics such as malaria and the increased prevalence of non-communicable diseases. The world continues to grapple with systematic gaps in universal coverage of healthcare and basic services - a shortage in qualified medical staff, lack of access to formal health systems, in low, middle as well as high income countries; inadequate coverage of safe water and sanitation; and the limited capacity of many governments in pandemic preparedness, detection and response.

There is growing recognition that humanitarian aid is an insufficient way to address the root causes and long-term consequences of humanitarian crises. There is a need to support local and national preparedness and response structures (the so called “localisation agenda”) rather than the more costly international response mechanisms, which are less effective in the long term. Innovation needs to be encouraged, programming needs to be evidence based, and local communities need to be helped to take greater ownership of their

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1 Coinciding with both the 20th anniversary of the Guiding Principles for IDPs and the 10th anniversary of the Kampala Convention
own developmental goals. All of these solutions were confirmed by states and humanitarian agencies at the World Humanitarian Summit (WHS) in 2016 and form part of the “Grand Bargain”.

With their networks of volunteers, National Societies have unparalleled access to assist the most isolated and vulnerable individuals. And as auxiliaries to their public authorities, National Societies are also in a unique position to influence domestic policy and practice, to provide life-saving assistance as well as to strengthen individual and community resilience. However, while many National Societies are strong and stable, others are not yet reaching their full potential.

In the Plan & Budget 2016–2020 “Partnering for more resilient communities”, the IFRC’s Framework for Community Resilience and the One Billion Coalition Initiative, calls for a more people-centred, demand-driven and risk-informed approach to both humanitarian response and resilience building.

1.1 Global agenda

A number of global frameworks have been adopted in the last few years that guide States, the UN system and other actors in addressing the needs of vulnerable people. The IFRC’s engagement with external actors must be well informed by all of these agendas, as well as by its own internal Federation and Movement policy frameworks, including the outcomes of the 32nd International Conference of the Red Cross and Red Crescent, in 2017.

At the heart of the 2030 Agenda and the Sustainable Development Goals (SDGs) is a commitment ‘to leave no one behind’, and to ensure that all most vulnerable people are reached. With its extensive volunteer network and deep reach into communities, the RC/RC is one of the only organisations that can legitimately claim ‘to reach the last mile’ in building response and community resilience.

The UN is rolling out what they are calling a New Way of Working, which includes a focus on the UN and World Bank partnership announced in 2017. This new way of working pushes all stakeholders to work together in support of government led national development frameworks. Until now, much of this discussion has missed the important aspects of resilience-building and response

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2 These include: the 2030 Agenda and its Sustainable Development Goals (SDGs), the Paris Agreement, the Sendai Framework for DRR, the New Urban Agenda (adopted at HABITAT III), the Addis Ababa Action Agenda for Financing for Development, and the New York Declaration for Refugees and Migrants as well as the previously mentioned Global Compact for Safe, Orderly and Regular Migration and the Global Compact for Refugees. Other related initiatives include the World Humanitarian Summits Grand Bargain’s Localisation Work-stream and the Compact for Young People in Humanitarian Action, both of which are co-convened by the IFRC. The 3rd Strategic Aim of the Federation on ‘Promoting Social Inclusion and a Culture of Non Violence and Peace’ recognises the need to help communities to become more peaceful, safe and inclusive through meeting the basic needs and rights of the most vulnerable.
preparedness. The IFRC will need to engage in the UN reform discussions, especially with regard to their implications for National Societies and the need to safeguard neutral, independent and impartial humanitarian action.

At the request of the Inter-Agency Standing Committee (IASC) Principals, a review of the L3 system is currently underway. There are more and more cases where Clusters are not officially activated and existing coordination mechanisms address the coordination needs, with various degrees of success. The Global Cluster Coordinators Group is pushing for a review of the country-level coordination mechanisms. For the IFRC, as the co-lead of the Global Shelter Cluster, this means a new look at how shelter coordination services at country-level are provided, including more support to National Societies for their work in contingency planning. This applies also to the WASH sector, where the IFRC’s has a permanent seat on the Strategic Advisory Group (SAG) of the Global WASH Cluster.

The Grand Bargain

The Grand Bargain’s ten commitments has brought new opportunities as well as expectations. Of particular interest to the IFRC is the commitment to “make principled humanitarian action as local as possible and as international as necessary”, through increasing support and investment to local and national responders. The IFRC is co-convening the Grand Bargain’s Localisation Workstream, to support donors, agencies and local actors to put the commitments rapidly into practice.

The IFRC is also at the core of the inter-agency push towards the more effective participation of people affected by crisis in humanitarian decisions. Ensuring community engagement and accountability is both an operational imperative and an ethical responsibility, which is key to ensuring local leadership.

Other Grand Bargain commitments concerned with greater transparency, increased use and coordination of cash-based programming, greater efficiency, multi-year planning and funding, and the link between humanitarian and development, are consistent with current IFRC Secretariat priorities.

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3 At the request of the IASC Principals in May 2018 a review of the Humanitarian System-Wide Activation Procedures (the L3 system) was initiated. This will see different Protocols developed and agreed for two separate systems: a sudden-onset Scale-Up and Sustain/Severe categorization for protracted crises. It is likely that the Scale-Up protocol will be endorsed in December 2018 by the Principals.

4 Grand Bargain commitment 2. “More Support and funding tools for local and national responders”

5 Examples include; SMCC process, the IFRC Operational Excellence in disaster management, scaling-up of cash, information management, the development of a funding mechanism to scale up Forecast-based Financing and One WASH, an integrated approach to cholera control and eventual elimination
The Sustainable Development Goals (SDG) agenda

The UN’s Agenda 2030 for Sustainable Development was unanimously adopted by all 193-member states on the 25th September 2015. The Agenda has 17 goals and 169 targets. The SDGs are much broader in scope and more ambitious than the former Millennium Development Goals (MDGs) and cover all economic, social, and environmental aspects of development. There are significant overlaps with the IFRC’s mission and the SDG agenda and there is a strong emphasis in both on the most vulnerable and the most marginalised people. This is also reflected in the overall Member States’ declaration that they will ‘endeavour to reach the furthest behind first’. There is a focus on resilience and a recognition that humanitarian crises (including conflict) have the potential to reverse hard won development gains.

The monitoring and follow up of the SDG’s, and associated review mechanisms are led by State parties. However, the actual implementation of the SDGs is heavily contingent on partnerships at all levels. The SDG’s are widely understood and supported by the international community but there has been less progress in implementation models at the national level. National Societies must lobby to be included in decision making and planning processes at the national level to strengthen their voices.

The Sendai Framework for Disaster Risk Reduction

The Sendai Framework for Disaster Risk Reduction 2015–2030 was adopted at the Third UN World Conference in Sendai, Japan, on March 18, 2015. The Framework ensures continuity with the work done by states and other stakeholders under the Hyogo Framework for Action (HFA) 2005–2015: Building the Resilience of Nations and Communities to Disasters. The most significant shifts it introduces are; a strong emphasis on disaster risk management as opposed to disaster management, a definition of seven global targets, and the reduction of disaster risk as an expected outcome.

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6 The SDG’s aim to completely eradicate extreme poverty, hunger and malnutrition, communicable diseases such as Malaria, HIV, tuberculosis, and violence against women, while providing universal access to basic services such as health care, education, and water and sanitation. Agenda 2030 also recognises the importance of peace ‘no sustainable development without peace and no peace without sustainable development’ and although there is no specific conflict SDG, SDG 16 seeks to promote peaceful and inclusive societies.

7 The Sendai Framework also introduces a goal focused on preventing new risks, reducing existing risks and strengthening resilience, as well as a set of guiding principles. The scope of disaster risk reduction has been broadened to focus on both natural and human-made hazards and related environmental, technological and biological hazards and risks. Health resilience is strongly promoted throughout. The Target E of the Sendai Framework calls for the substantial increase in the number of countries with national and local disaster risk reduction strategies by 2020.
The Paris Agreement

In 2015, world leaders adopted the Paris Agreement, a legally binding, international commitment to reduce greenhouse gas emissions while also addressing rising climate risks and building resilience. Currently, 179 Parties have ratified the Agreement. 2019 will be a critical year for states to put in place the necessary measures to give effect to their commitments by 2020. This includes the commitment for developed countries to mobilize USD 100 billion to support developing countries to address climate change. The ambitions of the Paris Agreement cannot be implemented by national governments alone. As set out in our IFRC Framework for Climate Action towards 2020, National Red Cross and Red Crescent Societies can play a unique role by convening dialogues to ensure local needs are well represented.

The increasing global awareness of environmental issues means there is a concerted effort to expand the “do no harm” approach towards the environment and acknowledge the importance of environmental sustainability to community resilience. Many humanitarian agencies, including the IFRC, are committed to taking measures to achieve the best possible environmental outcomes.

The Global Compact for Safe, Orderly and Regular Migration (GCM)

Agreed in July 2018 for adoption by UN member states in December 2018, the GCM makes an important contribution to enhanced cooperation on international migration. The Movement has engaged in the negotiations of the GCM to ensure that all people migrating, regardless of their status, have access to the humanitarian assistance and protection they need. The IFRC has emphasized the importance of removing formal and informal barriers to basic services, including building “firewalls” between immigration enforcement and public services, and has highlighted the important role that National Societies can play to support States to implement their commitments under the GCM.

The Compact for Young People in Humanitarian Settings

Given that young people represent a continuously growing cohort within the communities affected by humanitarian crises, the WHS presented an opportunity to recognise the priorities, needs and rights of youth affected by humanitarian crises are addressed. As a co-chair of the Compact, the IFRC is taking on a leadership role in coordinating the Compact’s delivery globally with the ambition to contribute to fostering alignment of policies and strategies in humanitarian aid with the key principles of youth engagement.
Universal Health Coverage (UHC)

At the core of the Universal Health Coverage is the call for universal access to equitable and resilient health systems, which place quality primary care at their foundation. The IFRC has long utilised a ‘One Health’ approach which emphasises the continuity of care throughout a person’s life. The IFRC’s basic objective is to ensure that communities are at the centre of all the health system pillars namely: health service delivery, health workforce, health information systems, access to essential medicines, health systems financing, leadership and governance.

The Global Health Security Agenda (GHSA)

The GHSA provides a powerful platform to link the IFRC network’s epidemic/pandemic preparedness work to national level preparedness, response and recovery efforts. The UHC and the Global Health Security Agenda are closely connected, both highlighting the need for multi-sectoral, integrated approaches that invest in community-level capacity. The IFRC network has long advocated for early detection at community-level as the key to tackling a potential epidemic at its onset. Successful outcomes are most effectively and efficiently reached when communities work alongside relevant public health authorities. For this reason, the IFRC advocates for the recognition of the key role of local actors and communities in International Health Regulation implementation and for the incorporation of National Societies’ epidemic preparedness and response plans into national legislature, policies and plans.

1.2 Movement and statutory agenda

Within the Movement, a number of commitments made at the Council of Delegates (CoD) and International Conference in the past years continue to require close follow-up.

The Resolution on Strengthening Movement Cooperation and Coordination (SMCC) calls for much greater alignment between all Movement partners in preparing for and responding to large-scale emergencies. The SMCC initiative has gained significant momentum in the past two years, improving the Movement’s capacity for large-scale emergency responses. Directly supported by over 40 National Societies, implementation of SMCC has initiated a gradual change process and fostered a positive “SMCC spirit” among Movement components.

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8 The IFRC’s Community-based Health and First Aid (CBHFA) programme and the ‘One WASH’ initiative to better control and eliminate cholera amongst others, are some examples of how technical assistance and capacity building activities are promoted in practical terms by National Societies.

9 CoD website: http://rcrcconference.org/council-of-delegates/

10 Resolution 4 adopted at the 2013 Council of Delegates (CoD)
2017 and 2018 saw the successful implementation of the ‘One International Appeal’ with five joint IFRC-ICRC appeals launched in Nigeria, South Sudan, Yemen and Myanmar and the Democratic Republic of Congo. This model not only increases coordination on the ground but responds to the desire of donors for a more integrated approach. The focus in the next phase will be on fostering a global mindset for coordination and cooperation and aligning support and services, especially in security and logistics.

A joint investment fund, the National Society Investment Alliance, has been created by the ICRC and the IFRC for capacity strengthening and organizational development, and to provide finance, support, training and coaching. It aims to ensure significant multi-year financing and support, with a particular focus on National Societies operating in medium, high and very high-risk contexts. The investment fund will be launched in 2018.

The 2017 Council of Delegates adopted the Movement-Wide Principles for Resource Mobilization (CD/17/R2) which called for the creation of a virtual fundraising hub. The Hub will bring together fundraising expertise from across the Movement and will initially focus on four areas: digital fundraising, data, learning and networks, and the development of an investment fund dedicated to supporting National Societies to achieve transformational change in domestic fundraising.

Underpinning the Movement’s approach to resource development, is an increasing utilization of data. In 2018, 167 National Societies submitted data on income to the Federation-wide Databank and Reporting System (FDRS), with 137 National Societies providing data on the income source. Combined, this data provides an increasingly detailed picture of the IFRC’s and the Movement’s global footprint, supports decision-making on resource mobilization strategies and targeted support to National Societies capacity development.

In 2017, the IFRC General Assembly adopted a Global Strategy on Migration. The 5-year Strategy is not just about meeting humanitarian needs and mitigating risk, but also supporting the resilience of migrants by integrating assistance, protection and advocacy. The roll-out of the GSM is one of the priorities of the IFRC Governing Board and reinforced at the Movement level by the Resolution, “Call for Action on the Humanitarian Needs of Vulnerable Migrants” adopted at the 2017 Council of Delegates. This highlights urgent action to safeguard the lives, safety and access to essential services of all migrants, regardless of status, ensuring priority action for the most vulnerable migrants (in particular unaccompanied children) and recommending migrant detention as a last resort.

Ensuring disability inclusion has been assisted by the Movement’s adoption of the Strategic Framework on Disability Inclusion as well as through recent commitments made to DFID around disability inclusion.\(^\text{11}\)

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The global study “Unseen, Unheard” and case studies in the Asia Pacific region found major gaps in humanitarian response when it comes to planning for and handling response to sexual and gender based violence (SGBV) in disasters. An analysis of disaster law found that SGBV issues are often absent from countries’ disaster risk reduction legislation and policy making. The analysis also found that institutions that prepare and implement disaster risk reduction tend to exclude women. A study made in cooperation with the Association of Southeast Asian Nations (ASEAN) concluded that harmful practices such as child marriage increase during disasters, as does domestic violence and human trafficking.

At the 2017 Council of Delegates, participants called for a “Movement-wide commitment to further integrate community engagement and accountability across all programmes”. The Movement is working towards common benchmarks to measure the quality and effectiveness of our work are established, and a more predictable, systematic and evidence-based approach is created. This will enable the Movement to truly put people at the centre of humanitarian action and implement a smarter and more localized ‘community impact first’ approach.

Also, in 2017, the Council of Delegates passed a resolution on Education–Related Humanitarian needs (CD/17/R6) which noted that each component of the Movement, in accordance with its mandate, has a unique role to play in preparing for and responding to education-related humanitarian needs. The IFRC’s Community Resilience framework notes that: ‘A resilient community is empowered i.e. knowledgeable, healthy and can meet its basic needs (which include education), has economic opportunities, can manage its natural assets and… is connected’.

Despite their core role, the safety and well-being of volunteers are of great concern. A large number of volunteers, especially in conflict areas, are not insured or have any form of safety nets while on duty. The estimated 11.6 million active RCRC volunteers are unevenly distributed across the world, patterns of volunteering are changing, with shorter periods of engagement, commitment to causes rather than to organisations, and expectations in terms of participation and empowerment. There is a pressing need to stop seeing volunteers as service deliverers/workforce but as active agents of change in their communities. In many countries volunteers need to be better protected and supported. Their rights and responsibilities need to be clarified and upheld more forcefully.

In 2016, the Governance and Board Support developed Standard Operating Procedures on the handling of integrity cases. These Standard Operating Procedures will be rolled out in 2017–2018 to ensure a consistent approach to integrity within the Secretariat. The regular updates of the Dashboard provided to the Board and the development of the Right of Initiative of the Compliance and Mediation Committee (CMC) together with the Commission and Committees right to submit allegations of breaches of integrity to the CMC, all help to build a culture of increased transparency and accountability.
2 ASSESSMENT AND ANALYSIS

2.1 Trends in threats and risks

Evidence indicates that the risk exposure of persons and assets in all countries is on the rise and is causing significant economic, social, health, cultural and environmental impact, especially at the local and community level.

Over the last 10 years, CRED EM-DAT has recorded 3,751 natural hazards—3,157 (84.2%) of which have weather-related triggers, with floods and storms alone accounting for just under two-thirds of all incidents. These disasters have left over 0.7 million people dead, over 2 billion people affected and caused more than 1.65 trillion USD of damage\(^\text{12}\). Economic losses from disasters such as earthquakes, tsunamis, cyclones and flooding are now reaching an average of US$250 billion to US$300 billion each year.\(^\text{13}\)

Disasters can wipe out decades of poverty reduction and development gains, pushing countless households deeper into poverty, affecting disproportionally the poor, vulnerable and marginalized groups. As of 2015, the World Bank had estimated that over 700,000 people lived on less than $1.90 a day. By 2030, it is estimated that up to 325 million of the world’s poor would be living in the 49 most hazard-prone countries.\(^\text{14}\)

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Insecurity in the traditional high-risk areas have continued without respite\textsuperscript{15}. Additionally, a number of so-called extremist groups continue to expand their areas of influence resulting in internal or civil conflicts becoming increasingly regional. Areas that were previously relatively stable are now feeling the effects of these expanding conflicts. In addition, isolated attacks in Europe and other regions have underlined the expanding sense of insecurity globally.

The Sahel region continues to experience increasing insecurity due, primarily, to the operations of and against Boko Haram, there is continued instability in Libya and the conflict in Syria/Iraq against the Islamic State continues to have an impact on Lebanon, Iraqi Kurdistan, Turkey, Jordan and Yemen, particularly in the border areas. Displacement of people as a result of conflicts in the Middle East and in Africa is now affecting Europe with large number of migrants/refugees crossing borders into Europe. The scale of this population movement is placing a strain on domestic resources in a number of European countries and, in some cases, there are rising anti-migrant sentiments.

**Fragile and conflict affected states** represent around 80% of the world’s humanitarian caseload and many face recurrent cycles of conflict and poverty. They often also face the challenge of fractured health systems and reduced capacity to absorb external funding, due to few partners on the ground with access. The Health and Care Department is contributing to policy and funding debates on the critical need to work in such settings, actively supporting National Societies as they reach remote communities, and contributing to lessons learned to demonstrate that achieving better health is possible even in the most challenging contexts\textsuperscript{16}.

**Emerging and re-emerging infectious diseases:** New health emergencies are affecting health-related work, namely the re-emergence of polio, the Ebola outbreak in West and Central Africa, Plague in East Africa, the emergence of Middle East Respiratory Syndrome Coronavirus and the spread of Chikungunya to the Caribbean and Latin America. Such infectious diseases continue to burden some of the most vulnerable communities, and as disease patterns change, the impact can be extremely severe.

**Climate change:** In 2018 the World Economic Forum ranked climate change related risks as 3 of the top 5 global risks facing humanity today. With more than 90% of disasters being water related, floods continue to affect more people globally than any other type of disaster and cause some of the largest economic, social and humanitarian losses. Heatwaves are also steadily increasing, with around 30% of the world’s population now living in climatic

\textsuperscript{15} Such as, Iraq, Pakistan, Afghanistan, Bangladesh, Myanmar, Yemen, Libya, Syria, Israel/Palestine, CAR, Niger, Nigeria, Kenya, Somalia, Mali, South Sudan, Democratic Republic of Congo, and Ukraine

\textsuperscript{16} Globally, 60% of all preventable maternal deaths and 53% of preventable under-five deaths are concentrated in complex settings, 60% of world’s unimmunized children live in these environments as do an estimated 60% of people at risk or living with untreated HIV and TB; this includes well-known key vulnerable populations as well as people on the move.
conditions that deliver deadly temperatures at least 20 days a year.\textsuperscript{17} Climate scientists recently found that the European 2018 heatwave was made twice as likely as a result of climate change.

Current predictions also suggest that there could be more than 140 million people forced to migrate internally by 2050 as a result of the slow onset impacts of climate change such as water scarcity, crop failure, sea-level rise and storm surges. Climate change is already having an impact on health and disease trends, in particular water and vector-borne diseases: reducing some diseases in specific areas and increasing prevalence in other areas (e.g. malaria and cholera).

The most vulnerable people have limited capacity to cope and adapt to the changing weather and climate patterns and face being ‘left behind’ in national efforts to tackle climate change. The IFRC will need to scale up its climate-smart risk reduction and preparedness work and dedicate more concentrated efforts to longer term consequences of climate change that will threaten development, poverty reduction and food security gains.

Food insecurity—since 2017, the world has been facing one of the largest food crises in decades. In 2017, acute food insecurity of IPC level 3 to 5 (Crisis to Famine) affected 124 million people across 51 countries and territories, requiring immediate emergency action to safeguard lives and preserve their livelihoods\textsuperscript{18}. Despite relative improvement in some of the countries, which were on the brink of famine in 2017 (Somalia, South Sudan, and Northern Nigeria), people in Yemen and in the Sahel are facing a rise in levels of food insecurity. Meanwhile, 1.9 billion people, more than a quarter of the world’s population, are considered overweight or obese. New strategies are needed for the Movement and other actors to better address chronic hunger, malnutrition, food insecurity as well as obesity.

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\textsuperscript{17} WMO Statement on the State of the Global Climate 2017, 4.
\textsuperscript{18} http://www.fao.org/3/CA1354EN/ca1354en.pdf (p.23)
\end{flushright}
The IFRC emergency response triggers: Trends and Timeline 2007–2018

Figure 2: The IFRC operations 2007–2018 (Source: WDR2018)
Recent years have also witnessed large scale disasters in high income countries such as the Christchurch earthquake in New Zealand, fires and floods in Australia, and the triple disaster (earthquake, tsunami, nuclear emergency) in Japan, and the hurricanes that have struck the United States of America. These disasters have highlighted the lack of adequate preparedness and response capacities in many high-income countries, as well as the role of in-kind and financial resources that are provided by diaspora communities and government to government solidarity.

### 2.2 Trends in population movements

**The rise in the number of international migrants**—258 million international migrants, 50 million of which are in irregular situations—reflects the increasing trend of international migration, which has become an integral part of our economies and societies. At the same time, an unprecedented 65.6 million people around the world have been displaced or forced from their homes. Among them are nearly 25 million refugees and asylum seekers, over half of whom are under the age of 18.

In many parts of the world, migration occurs primarily between countries located within the same geographic zone. In 2016, most international migrants living in Africa, or 87% of the total, originated from another country of the same region. The drivers that motivate people to migrate are complex and people move with very different levels of assets, vulnerabilities and expectations. Many migrants face barriers to basic services such as health, education and sanitation but also to land, housing and work. They often face increased threats such as abuse, violence, organised crime and generalised insecurity.

In certain contexts, many of the risks and challenges faced by migrants and displaced people are also shared by the host population. Residents may also face competition over resources, land and can be affected by rising food and basic commodities prices which an increase in the migrant population may trigger. However, the host population can also benefit from the presence of migrants and displaced populations because of increased economic activity, increased development of public services (transport, schools, etc.) and the remittances received from abroad.

National Societies support migrants in many ways, through programmes that aim to address both emergency and longer-term needs of migrants on arrival at their destination, in transit or upon return. In 2017, the IFRC helped some 9.2 million people, including internally displaced, migrants, refugees and host communities in all regions of the world, in the form of humanitarian assistance, protection, advocacy and awareness raising.
In Africa, the IFRC has intensified support to National Societies to respond to the main emergencies and food security crises that create displacement in East Africa, as well as in support of people on the move within and from West Africa towards North Africa and Europe. The reintegration of returnees is also a key area of work, through activities aimed at strengthening the resilience of individuals and communities in their region of origin.

In the Americas, the IFRC supports National Societies that respond to population movements due to poverty, violence or political instability. Working with unaccompanied minors and with returnees is also an important part of the work. Currently, the region is scaling up support to Colombia RC to respond to the migration crisis prompted by the deteriorating humanitarian situation in Venezuela.

In Asia-Pacific, the largest population movement crisis seen in decades erupted in Cox’s Bazar, Bangladesh, where the forced displacement of over 680,000 people from Rakhine State, Myanmar created a humanitarian emergency. In response, the Red Cross Red Crescent Movement came together in support of the Bangladesh Red Crescent Society to deliver critical humanitarian assistance to over 400,000 displaced people and members of the Bangladeshi host community.

National Societies are also engaged in the key migration issues in the region as a result of flows of temporary labour migrants in low-paid sectors, with links to trafficking in persons and bonded labour. Increasing levels of people on the move in response to disasters and climate change are also of concern, with the region including nine of the ten countries with the highest levels of displacement risk due to disasters.

In Europe, although less intensively than in 2015/6, the continuous arrivals from the central Mediterranean route, puts pressure on the reception capacities primarily in Greece, Italy and Spain. National Societies in these countries are heavily engaged in integration and social inclusion activities.

In MENA, internally displaced people (IDPs) and refugees constitute much of the humanitarian caseload of the region, as well as mixed-migration groups. While these migration patterns are not new, the scale and complexity of this displacement results in unprecedented levels of humanitarian need. The region currently hosts 35 million migrants, refugees and asylum seekers. National Societies in this region carry out common actions in the fields of assistance and protection, resilience and development and return and reintegration of migrants.
2.3 Trends in global health

Health is central to sustainable development and significant efforts have been made to reduce morbidity and mortality either universally, or by focusing on specific groups. Although considerable progress has been made in many countries, development has been uneven and significant numbers of people remain without access to essential medical care and water, sanitation and hygiene facilities.

Too many children still die before they reach adulthood: Over the last two decades, substantial progress has been made across the world in reducing mortality among children and young adolescents. However, in 2017, an estimated 6.3 million children and young adolescents lost their life—largely from preventable causes. By 2050, an estimated 60 per cent of under-five deaths will occur in sub-Saharan Africa. This region not only has the highest burden of communicable, neonatal, and nutritional diseases, it also has the highest burden of non-communicable diseases (NCDs) in young children (e.g. sickle cell disorders, congenital anomalies, epilepsy and asthma). These trends are certainly not unique to Africa. In South Asia, for example, there are also worrying child mortality and morbidity statistics despite broad progress, indicating that this is a global problem requiring a global response.

Too few children are protected through vaccination: Many childhood deaths can be prevented with timely administration of childhood vaccines. While there has been considerable global progress in the introduction of new life-saving vaccines, WHO estimates that still more than 20 million children do not receive routine vaccinations in the first year of life and 1.5 million children die from vaccine-preventable diseases each year. The IFRC’s flagship WASH programme, ‘One WASH’, will support the use of oral cholera vaccine as well as better cholera surveillance and preparedness.

Safe motherhood is far from universal: Maternal mortality accounts for 9.1 percent of all deaths among women aged between 15 and 49. Of the ten countries with the highest maternal mortality ratios, eight are in crisis-affected and fragile states. In low and lower-middle income regions, only half of pregnant women receive the World Health Organization’s (WHO) recommended minimum of four antenatal care visits.

Non-communicable disease burden is rising—everywhere: NCDs kill more than 38 million people each year (68% of all deaths) including more than 16 million premature deaths. 75% of all NCD deaths and 82% of premature deaths occur in low- and middle-income countries (LMIC). The general pattern of the

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19 The largest improvements have been seen in children between the ages of 1 and 4 years old. Mortality in this age group has declined by 60 per cent from 2000 to 2017. Similarly, neonatal mortality declined by 41 per cent, and children aged 1–11 months have declined by 51 per cent. Finally, mortality among children aged 5–14, between 200 and 2017 has declined by 37 per cent.
epidemiological transition from communicable disease toward NCDs has happened in many regions. Since 1990, the number of deaths resulting from infectious, maternal, neonatal and nutritional causes has decreased by more than a quarter, whereas deaths from NCDs and injuries increased by 41.8 and 10.7 percent respectively.

Injuries and road accidents are often preventable but cause high rates of mortality and morbidity—particularly for young adults: About 1.25 million people die each year because of road traffic accidents. Road traffic injuries are the leading cause of death among young people aged 15–29 years. 90% of the world’s fatalities on the roads occur in low and middle-income countries, even though these countries have approximately half of the world’s vehicles. Half of those dying on the world’s roads are ‘vulnerable road users’ (pedestrians, cyclists and motorcyclists).

Mental health and psychosocial problems remain a challenge for many: For many, mental ill-health contributes significantly to an individual’s overall burden of disease, disability status and quality of life. Nearly half a billion people worldwide suffer from neuropsychiatric disorders. Every year, some 900,000 people commit suicide worldwide, and 1 in 4 will suffer from depression at some point during their life. 85% of people with a mental health problem live in low- and middle-income countries where the mental health services are often weaker than in high-income countries. The rate of mental health disorders double following an emergency, and it takes many people years to recover from the losses and trauma suffered during disasters. There is a high correlation between mental health problems and other health problems reducing life expectancy.

Water and sanitation—health and dignity—still much to be done: Although access to safe water has improved globally, access to basic sanitation has not kept pace, and the lack of both water and sanitation continues to be a significant contributor to morbidity and mortality, especially for children under five years old. Further advocacy efforts by the health and WASH sector are required to emphasise that equitable and affordable access to water and sanitation is a human right and a requirement for human dignity, especially for girls and women.

Although MDG gains, especially in terms of access to water, showed progress, the degree of sustainability has not been assessed in depth and indications show that more investment and monitoring is needed post-implementation. The WASH team are continuing to expand the IFRC’s Global Water and Sanitation Initiative (GWSI), which since 2005, has included 694 WASH projects undertaken in over 80 countries, with 111 National Societies reaching over 16 million people with sustainable access to water and/or sanitation and hygiene services.
Recent studies have shown that reducing WASH related morbidity and mortality, for children under five years, is most likely observed when adequate WASH coverage reaches more than 70% or 80% of the population. When WASH coverage is less than 70%, less than optimal results appear to occur. This fact will continue to influence our GWSI planning and implementation, as well as our contributions to cholera eradication in communities observed as the most at-risk under the ‘One WASH’ initiative.

Urbanization is a challenge for the sector, especially where urban planning is weak and not pro-poor. Weak urban planning results in water and sanitation access being unaffordable and therefore inaccessible to many in urban settings. The problems of mass sanitation in informal settlements, including the collection and management of solid waste, pose an additional difficulty during emergency response in urban contexts—where the poor are at highest risk, and conventional community-based solutions often have limited scope. Research conducted by the IFRC and external partners is identifying new strategies and ways of working collectively to better address these areas of concern.

Nutrition—number one driver of shifting global health burden: Malnutrition directly affects one in three people. It manifests itself in various ways, including poor child growth and development which can cause those that are malnourished to become more prone to infection. Malnutrition also applies to those who are carrying too much weight or who are at risk of chronic diseases because of excess intake of sugar, salt, or fat, or indeed those who are deficient in essential vitamins or minerals. Malnutrition and poor diets constitute the number one driver of the global burden of disease. The annual GDP losses from low weight, poor child growth, and micro-nutrient deficiencies average 11 percent in the countries of Asia and Africa.

The World Health Assembly adopted the 2025 Global Targets for Maternal, Infant and Young Child nutrition, including targets on child stunting, child wasting, child overweight, anaemia in women of reproductive age, exclusive breastfeeding, low birth weight, and adult overweight, diabetes and obesity. However, despite some progress in recent years, the world is off track to reach these targets. There is a growing body of evidence to help improve nutrition outcomes, and there are examples of public policies that stand a good chance of working to reduce malnutrition in all its forms. However, increased engagement of citizens and civil society and better integrated multi-sectoral approaches are needed to achieve the global targets.

Communicable diseases continue to be a threat across the world: Data from 2017 by UNAIDS estimates that 36.9 million people globally are estimated to be living with HIV, but only 21.7 million people are accessing antiretroviral
therapy\textsuperscript{20}. The global health threat of tuberculosis also continues to claim lives, often in conjunction with HIV/AIDs. A report by WHO noted that in 2017, TB caused an estimated 1.3 million deaths among HIV-negative people and there were an additional 300,000 deaths from TB among HIV-positive people. The report found that approximately 10 million people developed TB disease in 2017, but most of these were concentrated in eight countries that accounted for two thirds of all new infections, namely: India (27\%), China (9\%), Indonesia (8\%), the Philippines (6\%), Pakistan (5\%), Nigeria (4\%), Bangladesh (4\%) and South Africa (3\%)\textsuperscript{21}. Significant gaps in efforts to control HIV and TB remain, highlighting the need for renewed efforts to meet the needs of the most at-risk and disadvantaged groups of people who are often out of reach of diagnosis and treatment for both diseases. However, as with many communicable diseases, it is not just about ensuring effective diagnosis and treatment, stigma and discrimination remains an issue, which must be overcome to ensure a world free of preventable communicable diseases. Finally, the threats of the Ebola virus disease, Lassa fever, Plague, Influenza, Pneumonia, measles and Zika amongst many other diseases, continue to impact the health and dignity of communities across the world.

2.4 Trends in needs

Increasing urbanization is changing the face of human vulnerability which when uncontrolled, results in increased levels of violence, crime and socio-economic tensions in densely populated slums and lower income housing, as well as increased risks and vulnerabilities stemming from living in unhealthy, unsafe habitats and inadequate housing. Migrants and IDPs who move towards urbanised areas tend to live at the outskirts of metropoles in unstable conditions resulting in a growth in informal settlements and entrenched poverty in many regions.

On the other hand, urbanisation also brings significant economic and social benefits through income generating opportunities and services, creating demand for goods and services, which results in increased economic turnover and potentially increased tax revenues.

\textsuperscript{20} The data shows that an estimated 1.8 million people became newly infected with HIV in 2017, and 940,000 people died from AIDS-related illnesses. Notably, the evidence shows that in sub-Saharan Africa for example, three in four new infections are among girls aged 15–19 years and young women aged 15–24 years are twice as likely to be living with HIV than men. Similarly, the risk of acquiring HIV is 27 times higher among men who have sex with men, 23 times higher among people who inject drugs, 13 times higher for female sex workers; 12 times higher for transgender women—highlighting the increased risk within certain groups that are often the most vulnerable and/or marginalised.

\textsuperscript{21} These and 22 other countries in WHO’s list of 30 high TB burden countries accounted for 87\% of the world’s cases. Notably, only 6\% of global cases were in the WHO European Region (3\%) and WHO Region of the Americas (3\%).
In 1950, 30% of the world’s population was urban, and by 2050, 68% of the world’s population is projected to be urban\textsuperscript{22}. A significant proportion of the world’s population, especially in developing countries, live without access to safe and adequate housing, in risk-prone areas and with increased vulnerabilities due to disasters. Rapid urbanization combined with climate change are posing new challenges to the built environment as pressures increase on available and safe land, adequate housing, access to utilities and communal infrastructure, and healthy and safe habitats.

**Food security**: The United Nations Food and Agriculture Organization (FAO) estimates that about 821 million people in the world, or one in nine, suffered from chronic undernourishment in 2017 of this figure, 60% of them are women.\textsuperscript{23} While hunger and food insecurity mostly affect people in developing countries, there are estimated 11 million people undernourished in high-income countries\textsuperscript{24}. Stunting affects 151 million children under 5, while wasting continues to affect over 50 million of all children under five years of age in 2017. Roughly half of these children live in Southern Asia and one-quarter in sub-Saharan Africa.\textsuperscript{25} Hunger and food insecurity is also exacerbated by climate change (i.e. El Niño related drought in Southern Africa) and complex emergencies (i.e. besieged areas and population movements in conflict-settings), and these types of situations require increased Movement cooperation to address them as well as new partnerships outside of the Movement.

**Diverse needs**: Not everyone is affected in the same way by disasters and poverty: children, minority groups, women and people with disabilities are disproportionately affected. The Movement’s commitment to address this inequality translates into three priorities: No-one left behind, no-one left out, no-one left unsafe.

Today there are 1.8 billion people between 15 and 24, most of whom live in developing countries. There is a need for more youth engagement as agents of change.

In many countries, population ageing is a significant global trend that is transforming economies and societies around the world. Between 2000 and 2050, the proportion of the world’s population over 60 years old will double from about 11% to 22%. The absolute number of people aged 60 years and over is expected to increase from 605 million to 2 billion over the same period. It is estimated that by 2050, 80% of older adults will live in low- and middle-income countries, where the number of elderly who are no longer able to look after themselves will have quadrupled.

\textsuperscript{22} 2018 Revision of World Urbanization Prospects https://population.un.org/wup/
\textsuperscript{23} Ten facts you need to know about Hunger http://www.fao.org/world-food-day/2017/about/en/
\textsuperscript{25} http://www.fao.org/3/CA1354EN/ca1354en.pdf
More disability inclusion is required: Estimates in 2011 show that about 15% of the world’s population lives with some form of disability, of whom 2-4% experience significant difficulties in functioning. The average prevalence rate for adults with very significant difficulties due to disability was estimated at 2.2%. Disabilities are more common with older people, females, and people living in rural areas. Efforts in child protection and sexual and gender based violence also need to continue, particularly within internal organizational systems, and in emergency and migration contexts.

Participation and innovation: Technology is transforming the ability of people and communities to plan and organize their own responses. Through innovation, local communities and organizations are more able to prepare, coordinate and innovate new solutions to manage and respond to disasters and crisis. These approaches will promote a stronger sense of civic cohesion, of resilience and of self-sufficiency. Communication and engagement in all its forms with communities must be prioritised and seen as a core component of how services and programs are delivered.

2.5 Trends in the humanitarian and development sectors

Security: According to the Aid in Danger project; by the end of 2017, 506 aid workers were reportedly killed, injured, kidnapped or assaulted. The major number of attacks incidents took place in Syria, South Sudan, CAR, Nigeria, Afghanistan, Pakistan, Yemen, DRC, Bangladesh and Somalia.

For the IFRC, over the past 20 years more than 450 RC/RC staff and volunteers have died in the line of duty. A number of these were killed due to violence associated with civil unrest, internal strife or conflict; others were killed in accidents or as a result of natural disasters such as floods or earthquakes. In addition, a number of personnel have been killed as a result of crime, particularly in urban environments.

Barriers to safe access and criminalisation of aid: Around the world, migrants and displaced people face increasing barriers to essential services such as health care, shelter, food and legal assistance. This results from deliberate exclusion to more subtle factors, such as fear of arrest, detention and deportation, prohibitively high service costs and language barriers. In recent years, alongside strategies for controlling migration, governments are enacting laws and policies that either result in increased risk to migrants; and/or humanitarian assistance is being banned or criminalised, thereby putting migrants under increased risk. These worrying trends are preventing aid organisations and our National Societies from saving lives and helping people in need.
**Safeguarding, compliance and accountability:** The IFRC faces risks of a new nature and scale in a changing world, where the organization, its staff and its assets may be targeted by crime. From an organisation perspective, these issues require more focus on compliance mechanisms and a legal risk management approach. Changes in humanitarian financing and the strengthening of quality and accountability initiatives in the humanitarian sector have advanced in recent years and have been given further impetus through the Grand Bargain. Initiatives include the development of core and technical humanitarian standards (CHS), the strengthening of accountability to disaster-affected populations through mainstreaming beneficiary feedback and complaints mechanisms and more participatory planning and evaluation methods.

In 2018, there was a significant focus on strengthening of the humanitarian sector’s approach to preventing sexual exploitation and abuse (SEA) and sexual harassment and abuse (SHA). The IASC Principals have reiterated their zero-tolerance policy towards SEA and SHA and agreed on the need to take concrete steps to strengthen systems, processes and capacities. A new IFRC Secretariat Policy on Prevention and Response to Sexual Exploitation and Abuse was adopted in June 2018. The policy builds on existing prohibitions in the IFRC’s Code of Conduct, Anti-Harassment Guidelines, and Staff Regulations in order to develop a comprehensive and clear approach to preventing and responding to SEA incidents. Together with partner organisations in the Steering Committee for Humanitarian Response (SHCR), the IFRC is exploring mechanisms to allow a freer exchange of information between agencies about job applicants who may have been subject to disciplinary proceedings in the past for SEA incidents.

Humanitarian assistance is increasingly being delivered through combinations of in-kind transfers, cash transfers and the provision of services. Cash transfer programming has the transformative potential to allow technology and partnerships with the private sector to deliver aid in new and more efficient and effective ways. While cash transfers can empower disaster-affected people, the use of cash transfers alone to meet specific needs such as shelter, moves significant potential risks almost entirely onto recipients. Without additional support to manage this risk, such as the transfer of skills, technical assistance or an appropriate regulatory and approval environment, recipients of such cash assistance can be left with unmet needs or increased vulnerabilities.

Disaster laws have been modernized and strengthened in many countries, including 30 countries that have adopted new laws, policies or regulations with input from their National Societies since 2007, however many countries still have outdated or ill-adopted legal or policy frameworks. Over the last 15 years, National Societies and the IFRC have gained trust from law-makers in terms of providing expert advice and assistance in developing integrated and people-centred legislation, based on global best practice. Key focus areas for the upcoming years will include supporting laws that promote integrated, climate-smart disaster risk management and protection measures for vulnerable...
people, as well as continued support and advocacy for better legal protection during international disaster response.

Early action to reduce risk in advance of a seasonal or anticipated weather-related event remains a priority and forecast-based financing has emerged as an approach with defined meteorological triggers, pre-approved action plans and funding mechanisms to enable such early action. The scientific and technical communities help to establish and validate the activation of the triggers, and key donors make available the required funding so that operational agencies like the IFRC can ensure early action on the ground.

There is a need to transform existing surge capacity mechanisms and key requirements are that the capacity is as local as possible, and it reflects the increasing diversity of expertise and skills required, notably in cross-cutting issues including gender, protection, social inclusion and community engagement and accountability. There will also be a significant increase in cash transfer programming instead of in-kind assistance, and an increase in local procurement and a shift in resources from international to national actors.

The increased engagement of military forces and Civil Protection mechanisms in disaster response, including through regional organisations and networks, creates both challenges, and opportunities for National Societies as auxiliaries to their public authorities. Guidance to National Societies on CivMil relations and coordination with Civil Protection actors and their assets need to be adapted to the specific contexts.

Over the past 15 years the humanitarian sector has invested in a range of quality and accountability initiatives focused on establishing common standards of conduct towards the people it serves. These initiatives emphasize the importance of communicating with and listening to crisis-affected populations, not just as a right and a moral duty, but also as a means of improving the quality and effectiveness of humanitarian assistance for affected populations. However, progress in accountability to people in need has been more normative than practical and participation approaches are often implemented as optional “add-ons”, rushed and restricted to the later stages of operations or projects. Evidence consistently shows that organizations have struggled to engage with communities in ways that meet their expectations.

The need for an IFRC-wide common approach to community engagement is being heard from operational evaluations, from donors, and directly from National Societies as an essential priority pivotal to operational excellence, building acceptance and trust and contributing to long term community resilience.

New technologies and global connectivity now make the sharing of disaster information more possible and the coordination and streamlining of data
collection is part of the Grand Bargain commitments. A generation of connected young adults eager to take part in resolving big world challenges can contribute to gathering and managing information through crowdsourcing, social media and other avenues. There is high demand for information obtained by National Societies staff and volunteers, who are close to affected communities and which can be used by operational decision makers, for coordination with partners and for the IFRC-wide reporting.

Changes in technology and advances in medical knowledge offer potential solutions to accessing affordable, quality health care which promises to help even some of the hardest to reach vulnerable communities. Over the next decade, the Movement will need to find ways to respond to these challenges and identify ways of rapidly embracing innovations.

2.6 Trends in the political and funding landscapes

**Political trends**

In face of challenges by States to unconditional, independent humanitarian access, National Societies play an important role in promoting principled humanitarian action, by explaining the complementary roles of the different components of the Movement, and in strengthening national disaster management and disease outbreak response capacity.

**Strengthened country ownership:** more low- and low-middle income countries are developing national health policies and strategies around which many partners (including financing partners, implementers and academics) are aligning. The IFRC needs to engage with these health/WASH-related pooled funding initiatives, which in many cases are being introduced at country level with the aim of optimising impact and sharing risk, through contextually appropriate programmes.

Increasingly, donors are combining diplomatic, defence, humanitarian and development tools to promote peace, security and stability. This approach risks undermining neutral, impartial and independent humanitarian action. The example of the EU recently defining resilience from a security point of view has many implications for risk reduction, climate adaptation and overall resilience efforts. Similar developments are being increasing observed in the international community’s approach to public health preparedness and response, which threatens to blur the lines of national security with global health security efforts.

**Climate change and security:** There is a growing sentiment that climate change is a “threat multiplier” that will increase global and national security risks. The UN Security Council recently addressed the security implications of climate
change, noting that insecurity caused by conflicts over resources were said to be exacerbated, or even caused, by climate change. There is a clear need to bring a humanitarian perspective to the dialogue: the IFRC has the opportunity and responsibility to ensure that attention in this debate is directed towards the most vulnerable and marginalised and ‘hard to reach’ people.

**Funding trends**

**Increasing needs versus poor response to appeals for humanitarian assistance:** UNOCHA’s Global Humanitarian Overview 2018 highlights funding needs of US$25.4 billion to respond to an estimated 134 million people affected by crises. This is an increase of 8% on the 2017 global appeal which generated only 50% of the funds required. Since 2014, the annual appeal has grown on average by 12% per year which can be attributed to the increasing number and differing types of crises including protracted and slow onset disasters. Of the top 10 donors reported by UNOCHA, contributing in 2018, Governments of Saudi Arabia, UAE, USA, UK and Sweden have made noticeable increases in their contributions since 2016. Funds from the European Commission and Governments of Germany, Canada, Japan and Norway have decreased.

Many of these Governments that also support the IFRC, including the Swedish and UK governments have increased the level of resources that they contribute on a voluntary basis. Overall voluntary contributions from all sources (Governments, National Societies, Corporates, Foundations and Multilaterals) has decreased since 2014 by an average rate of -8% for thematic programming and -12% for emergencies. According to the UNOCHA Financial Tracking Service, nearly 28% of 2017 humanitarian assistance went to Syria, Yemen, and South Sudan.

**Socio-economic, political landscape:** According to the OECD, overall global GDP is expected to continue to grow in 2019 by a global average of 2.4%. All of the IFRC’s main government partners are expected to achieve a lower than average growth, between 1 and 2%. There has been consistent, higher than average growth over the last 2 years in the former Eastern bloc countries in Europe as well as in India, China, Turkey, Indonesia and Ireland. For the IFRC, this trend confirms the need to look beyond traditional donors to new sources, particularly in governments.

The DEVEX emerging donors report notes that foreign aid from emerging donors has increased by 47% in recent years. Many of these emerging donors direct their support to specific geographical or thematic priorities (e.g. India supporting South East Asia with a focus on infrastructure, or Turkey’s support to MENA in infrastructure, humanitarian aid, migration, education, etc.)

This continued growth could signify the potential for additional resources, particularly Government & Corporations. National Society fundraising
functions may also benefit from wealthier populations, although in many contexts it is noted that while GDP may be increasing, wealth is concentrated in an increasingly small percentage of the population. Humanitarian assistance funding from the US administration remains strong, despite fears of a radical shift in policy. The effect of the UK exit from the European Union on humanitarian funding remains unknown but should become clearer as the UK’s “exit plan” is developed. However, there is expected to be an impact for UK NGO’s, many of who received significant funding from the EU.

Despite the Grand Bargain, the localization of aid—namely, the direct funding of local and national responders—remained low. According to the Development Initiatives’ 2018 World Humanitarian Assistance Report, just 2.9% of funding was channelled directly to local actors. The clear intention by major donors and agencies to commit 25% of humanitarian assistance to local and national responders “as directly as possible” by 2020, still requires much work in practice. The clear intention by major donors and agencies to commit 25% of humanitarian assistance to local and national responders “as directly as possible” by 2020, still requires much work in practice. As a lead agency in the work-stream on the localization of aid, the IFRC needs to support National Societies to obtain funding for their domestic work which in turn increases the global footprint of the IFRC’s network.

The World Humanitarian Summit and Grand Bargain work-streams on multi-year funding and reducing earmarking have begun to show progress. The IFRC has a lot to gain from even incremental improvements in these key areas. In 2017, 45% of the IFRC Secretariat’s funding was tightly earmarked, 35% was earmarked and 3% was softly earmarked. Only 17% of the IFRC Secretariat funding was completely unearmarked. Similarly, over a five-year average, only 12% of the IFRC Secretariat has been multi-year funding. In 2017 the IFRC began a process of scoping the possibility of moving to multi-year operational plans and this approach is currently underway in Bangladesh in response to the population movement. The IFRC’s continued active engagement in the Grand Bargain is critical in order to help position the organisation to benefit from these new funding trends.

Migration—principled funding and risks of instrumentalization: States tend to adopt restrictive migration policies that often result in the use of coercive measures to manage migration for example, security-driven measures, which aim to limit arrivals, counter irregular migration, and facilitate the return of migrants. As migration management measures become more coercive, we are also increasingly seeing significant protection concerns and humanitarian consequences for migrants. This trend poses challenges on National Societies

who run the risk of being instruments of government policies that run counter to our Fundamental Principles.

A further challenge for humanitarian agencies, including the IFRC, is donor support for cash transfer programming which increasingly uses private sector entities, such as banks and financial service providers, to provide the financial management systems and services. There is a need to promote the unique role of National Societies as the national programming entity and humanitarian interface between the service providers and the recipients. National Societies need to strengthen their cash and market analysis capacity, to influence the cash agenda and contribute to the development of cash policies and standards.

As donors are pressed by their public constituencies for greater accountability of humanitarian financing, “payment by results” is an emerging trend that will have implications on management practices and accountability. The IFRC joined the ICRC in examining the feasibility of using the International Aid Transparency Initiative (IATI) to publish timely, transparent, harmonized and open high-quality data. Reporting to IATI standards may test the current capacity of local and national responders, including some National Societies.

Global financing institutions in the health sector, are promoting a culture of evidence and performance-based funding. There is an increasing imperative to review interventions and approaches through the lenses of equity (poverty, social inclusion, gender, disability, age), value for money (V4M) and sustainability of health outcomes. The IFRC will intensify its efforts to support National Societies in their work to incorporate these approaches into their health and WASH programming.

The role of the private sector in providing humanitarian assistance and implementing development programming is increasingly recognised by humanitarian agencies, prompting new partnerships and collaboration. The IFRC’s long term partnership on flood resilience with Zurich Insurance is an example of a collaboration based on a common desired outcome at the field level focused on resilient households, drawing upon two very different institutional purposes and business models. A key challenge is in aligning private sector preferences for in-kind contributions and the extent to which such assets meet the specific needs of humanitarian agencies. Multi-sector partnerships which bring together humanitarian, private sector, academic institutions, professional institutes and municipalities are an increasing trend, notably in the area of resilience and urbanisation. The One Billion Coalition for Resilience, convened by the IFRC, is an example of such an initiative which promotes multi-stakeholder, collaborative activities, as is the Global Alliance for Urban Crises launched at the World Humanitarian Summit.

27 Including the GFF, GHSA, Global Fund, GAVI and the Gates Foundation as well as most major government donors
3 PROGRAMMES AND OPERATIONS PRIORITIES FOR 2019

In the IFRC Plan & Budget 2016–2020 “Partnering for more resilient communities”, the Framework for Community Resilience and the One Billion Coalition Initiative call for a more people-centered, demand-driven and risk-informed approach to both humanitarian response and resilience building. Our National Societies are the leaders and the driving force behind this approach.

The IFRC’s Programmes and Operations Division in Geneva is supporting and facilitating those ‘bottom-up’ efforts, working closely with regional offices, partner National Societies, the ICRC and a wide array of public and private partners. As well as providing strategic direction and driving policy agendas, the P&O Division provides global leadership in a wide range of technical areas, ensuring that the IFRC network works together effectively and makes the best use of available knowledge, tools, resources and people.

The P&O Division is comprised of five departments and Units: The Disaster and Crisis Department; the Health and Care Department (HCD); the Logistics Procurement and Supply Chain Management (LPSCM) Department; the Operational Movement Coordination and Integration Unit and the One Billion Coalition for Resilience Unit (1BC). The Division is also hosting two programmes: Global Road Safety Partnership (GRSP) and the Steering Committee for Humanitarian Response (SCHR), which are covered under separate marketing / appeal documents.

Disaster and Crisis

The Disaster and Crisis (D&C) has as a core function to develop, champion and monitor tools and mechanisms designed to deliver operational excellence across the IFRC’s work in the disaster preparedness and mitigation—disaster response and disaster recovery continuum, guided by the Red Cross Red Crescent Principles and Rules for Humanitarian Assistance. The Department also leads work across four main thematic areas: Disaster Risk Reduction (DRR), Shelter, Livelihoods and Basic Needs, and Migration.

D&C has a global remit performed by its five teams: the Emergency Operations Centre team manages Surge Capacity, Information Management and the Disaster Response Emergency Fund (DREF). The Operations Coordination team provides support to emergency operations and includes a multidisciplinary team with expertise in Shelter, National Society institutional preparedness.
for response, technological hazards (i.e. Chemical, Biological and Radiological and Nuclear hazards), Civil Military relations, livelihoods and recovery. The Shelter team provides technical guidance and support in humanitarian shelter and settlements interventions, urban preparedness and leads Shelter Cluster Coordination as part of the IFRC global role in the Cluster Approach. The Cash team leads on the scale up of cash across the organisation covering National Society Cash Preparedness, Cash in Emergencies and Innovation. The Risk & Vulnerability unit leads on Disaster Risk Reduction, climate change and community resilience work. The Migration and Displacement unit covers population movements in all its dimensions, both internal and cross-border.

**PRIORITY 1 Towards Operational Excellence in Disaster Management**

In 2019, a leading priority for the department will be on furthering excellence in disaster management. This includes strengthening the anticipatory abilities of the IFRC through improved risk watch systems and countries-at-risk profiles. Emphasis will also be placed on instilling an information management culture across the IFRC, promoting data analysis and information management approaches that support timely operational decision-making and continuous improvement of the IFRC digital emergency operations platform GO (go.ifrc.org).

The department will continue its work to ensure a harmonised and cohesive National Society preparedness for effective response—supporting National Societies to take the lead in assessing, planning, implementing and monitoring their preparedness for response actions. The ‘Surge Optimisation’ action plan will be accelerated which will make transformative changes to the way the IFRC is coordinating deployment of international surge personnel (based in a competency-based system) and assets to emergencies, ensuring that surge capacity is “as local as possible and as global as necessary”. Emergency response-related training will also be adapted to the new surge system.

D&C will continue its efforts to develop and consolidate the proper use of funding mechanisms that ensure that financial support is channelled effectively to National Societies’ responses to small, medium and large crises, including protracted crises, and whether slow or sudden onset. This includes enabling the automatic allocation of funding for early action based on scientific triggers and forecasts through the use of Forecast-based Action Fund in the IFRC’s Disaster Response Emergency Fund (DREF).

In 2019, efforts will be made to improve the quality of livelihoods and recovery approaches. Support to National Societies will focus on promoting a recovery mindset, ensuring that recovery components are mainstreamed in the early stages of disaster response through early recovery interventions which enable communities to “help themselves” to restore their lives and livelihoods.
The IFRC remains committed to inclusive programming that puts communities at the centre of its activities. Efforts will be made to mainstream Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI) approaches across all the IFRC programming. CEA will be strongly promoted as an approach to be embedded across operations, enabling communities to speak out and influence decision and policy-makers on the issues that directly affect or concern them.

In 2019, the IFRC’s shelter coordination function will ensure that the Global Shelter Cluster delivers on the objectives of its new five-year strategy, achieving progress on four main pillars, namely coordination, advocacy, evidence-base and capacity building of the shelter cluster. The IFRC will continue to provide high quality leadership of the shelter cluster coordination for the humanitarian sector, ensuring and enabling efficient and timely coordination of shelter cluster in preparedness and response situations, where the IFRC or National Societies are in the lead. The Shelter Unit will give greater attention to shelter cluster-based preparedness activities at the country level: this includes national capacity building, contingency planning, and risk analysis and risk reduction inter-agency activities, aiming at strengthening the humanitarian-development nexus and advancing the localization agenda.

**PRIORITY 2 Understanding Risk to Build Resilience**

D&C will continue to support National Red Cross Red Crescent Societies in their critical role as key humanitarian auxiliary to the public authorities in the humanitarian field. This includes helping them to develop a better understanding of risk and translating this into early and effective action that builds the resilience of vulnerable communities. D&C will lead on the promotion and use of tools and guides such as the Enhanced Vulnerability and Capacity Assessment (EVCA) tool, a unique participatory risk-informed approach that is carried out with thousands of communities across the world. D&C will also work with National Societies to scale-up the roll out of the Road Map to Community Resilience, a new approach of accompanying, enabling and connecting communities on their journey to resilience.

D&C will work with Movement partners to promote multi-hazard risk-informed action, with an increased focus on complex and protracted emergencies, urbanization and the built environment, technological hazards, and food insecurity. Supported by the Urban Collaboration Platform (UCP), which is co-led by the IFRC, National Societies will be better informed, better connected and better engaged in understanding and working in urban contexts.

As part of its overall approach to building community resilience the department will focus on supporting National Societies to make better use of climate

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28 https://www.preparecenter.org/groups/rcrc-urban-collaboration
science and information and to scale up climate-smart programming. The main focus will be on delivering four key areas outlined under the IFRC’s Framework for Climate Action towards 2020 which are to build internal and community knowledge and awareness; support climate change adaptation and adopt climate-smart practices; influence and partner to increase the IFRC’s impact; and support climate change mitigation and minimize adverse impacts on the environment.

The department also aims to support National Societies to further apply the Forecast-based Financing (FbF) methodology and build capacity for developing evidence-based lessons learned and mainstream the approach into the IFRC disaster preparedness and response. Other anticipatory action and risk financing approaches will also be explored, including for non-weather-related events.

In 2019 the Department will continue to lead the IFRC’s efforts to address migration and displacement related needs, including in protracted situations. In 2019, investments will be made to support the roll-out of the IFRC’s Global Migration Strategy at national level, leveraging technical support, resources and capacity from within the Movement to meet humanitarian needs, mitigate risk and build the resilience of migrants and displaced people populations. To achieve this, D&C will work with National Societies to integrate migration-related assistance, protection and advocacy into their strategic plans and will mainstream migration across thematic and technical sectors within the IFRC.

**PRIORITY 3 Cash Scale-Up**

With Humanitarian Cash being increasingly used to address a range of needs in responses to disasters and crises, D&C will further strengthen the IFRC’s role as a global leader in cash transfer programming (CTP). Greater efforts will be made to position the Movement as a global Partner of Choice for cash delivery based on capacity and quality. The Department will continue its work to develop Cash Prepared National Societies, promoting their role as reliable, localised cash implementors. Efforts will increase to ensure that systems and tools are in place including strong and secure data management and information systems for registration, targeting and beneficiary data management; enabling National Societies to deliver rapid, scalable and quality cash responses in a sustainable manner. A focus for 2019 will be the continued mainstreaming of cash across thematic and technical sectors within the IFRC Secretariat, allowing cash to be more visible in the fields of nutrition, education and health and encouraging cash to be considered as a default response option in programmes where it can support, or improve, the delivery of programme objectives.
2019 Funding Requirement Disaster and Crisis

<table>
<thead>
<tr>
<th>NAME</th>
<th>OTHER RESOURCES</th>
<th>REGULAR RESOURCES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness at community level</td>
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<td>594,100</td>
<td>2,075,544</td>
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<td>Response and risk red. at NS level</td>
<td>1,813,800</td>
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<td>1,996,200</td>
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<td>Climate change awareness</td>
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<td>381,881</td>
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<td>Livelihoods awareness</td>
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<td>Disaster Relief Emergency Fund (DREF)</td>
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<td><strong>TOTAL DISASTER AND CRISIS</strong></td>
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<td><strong>5,046,000</strong></td>
<td><strong>36,662,125</strong></td>
</tr>
</tbody>
</table>

**Health and Care**

The IFRC’s work in health and care is centred on protecting the life, health and dignity of the people that the IFRC works with, always with a focus on ensuring communities and individuals are empowered to take ownership of their health and wellbeing. The Health and Care department is comprised of three teams that cover Community health (CH) Emergency health (EH) and Water, sanitation and hygiene (WASH). The goal of the CH team is to increase people’s access to appropriate health services and information through a comprehensive
approach to primary health care and first aid. The EH team manage the IFRC’s response to health emergencies and support National Societies to strengthen emergency health preparedness at the community level. The goal of the Water, Sanitation and Hygiene team is to maintain, improve and expand National Societies’ emergency, recovery and developmental WASH programming. This is achieved through four workstreams, consisting of WASH in emergencies, WASH in development settings, urban WASH and public health WASH, alongside key flagship programmes such as the Global Water and Sanitation Initiative and ‘OneWASH’ programme which seeks to address the global burden of Cholera.

**PRIORITY 1 Lead on strategy, policy and advocacy**

The Health and Care Department will continue its work to position the IFRC and National Societies as trusted and reliable actors who deliver high quality and sustainable services in health and WASH. In this regard, the HCD will ensure that the IFRC membership works in alignment with a number of key global agendas relating to health. These include Strategy 2020, the Sustainable Development Goals, Universal Health Coverage, the International Health Regulations and the Global Health Security Agenda.

The HCD also aims to ensure that there is appropriate high-level engagement by the IFRC network at key events and fora (World Health Assembly, Women Deliver, UNGA, Global Preparedness Monitoring Board, RBM/PMNCH Boards, GOARN) where the Red Cross Red Crescent will continue to emphasize and advocate on the need for health interventions that are community-led, people-centred and locally appropriate. This in line with the IFRC’s localisation agenda—putting people at the center of their own health and well-being.

The HCD will lead on efforts to develop policies around health topics covered under the Universal Health Coverage agenda (mental health and psychosocial support; epidemic/pandemic preparedness; and community health,) which can be incorporated into relevant resolutions at the 2019 Statutory Meetings of the membership. Strategy and policy documents will be developed that align work across the membership in areas that include Community and Emergency Health, Health in Fragile Settings and Epidemic and Pandemic Readiness and Response.

**PRIORITY 2 Emergency Health and WASH**

Under this priority, the HCD’s efforts will focus on achieving excellence in emergency response. Steps will be taken to review and strengthen the Red Cross Red Crescent’s capacity to prepare for and respond to, health and WASH emergencies. This includes expanding the supply and expertise of health and WASH human resources within the IFRC’s global and regional surge rosters, further development of the IFRC’s public health Emergency Response Units.
(ERUs), strengthening WASH surge tools and developing clinical standards and a framework for quality assurance.

Health and WASH related information management will also be strengthened through the development and roll-out of the Red Cross Red Crescent Health Information System and Global Water and Sanitation Initiative Information Management portal. Plans are also in place to transform and expand the Community, Epidemic and Pandemic Preparedness Programme (CP3) in Africa and beyond, into a global programme which will serve as a template for epidemic and pandemic preparedness programmes across the Membership.

A key objective of the HCD will be to deliver phase one of the ‘OneWASH’ initiative, which takes an integrated, multi-sectoral approach towards improving cholera preparedness and response in countries that are experiencing an increasing incidence of severe cholera outbreaks. Going forward, the aim is also to expand the pool of partners and ensure a sustainable resource base for the ‘OneWASH’ initiative, as well as accessing innovative financing modalities, such as funding from the Islamic Development Bank.

**PRIORITY 3 Community Health**

The IFRC’s third global health priority is focused on community health, in particular strengthening long term health and WASH programmes in fragile settings and amidst populations with high levels of vulnerability. Efforts will be placed on strengthening the Red Cross Red Crescent’s capacity to meet the needs of the most vulnerable and marginalised populations spanning both high and low income settings, reflecting the geographic reach, diversity and scale of the membership’s contribution to global health and WASH.

An IFRC community health framework will be developed, clarifying the role of Red Cross Red Crescent volunteers in delivering integrated, multi-sectoral health and WASH programmes and operations that address the determinants of good health and the continuum of care across the course of a person’s life. The global health team will also contribute to and facilitate the revision and refinement of relevant frameworks in the area of healthy ageing, migration and harm reduction.

The HCD will lead on efforts that strengthen the Red Cross Red Crescent’s reach, scale and quality of services in complex and fragile settings. National Societies are working in some of the most challenging operating environments across the world and are often among the only actors with sustained access to last mile communities. This includes positioning the Membership as reliable and trusted implementing partners in delivering immunization, malaria, HIV & TB related activities and services.
### 2019 Budget Health and Care

<table>
<thead>
<tr>
<th>NAME</th>
<th>OTHER RESOURCES</th>
<th>REGULAR RESOURCES</th>
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<td>Health promotion services</td>
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<tr>
<td>Voluntary blood donation</td>
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<tr>
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<td>Prep. &amp; response to infect. outbreaks</td>
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<tr>
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<td>Immunization activities</td>
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<td>Health needs in complex settings</td>
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<td>Access to safe water</td>
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<td>Treatment/reuse of wastewater</td>
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<tr>
<td>Reduction of open defecation</td>
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<td>160,000</td>
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<tr>
<td>WASH knowledge and best practice</td>
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<tr>
<td>Hygiene promotion</td>
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<td></td>
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<tr>
<td>Malaria care and treatment</td>
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<tr>
<td>RMNCH care and treatment</td>
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<tr>
<td>Psychosocial support</td>
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<td><strong>TOTAL HEALTH AND CARE</strong></td>
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<td><strong>2,503,920</strong></td>
<td><strong>11,610,166</strong></td>
</tr>
</tbody>
</table>
Logistics Procurement and Supply Chain Management

Working through its Global offices in Geneva, Dubai and Budapest and in conjunction with the IFRC’s five regional offices, the Logistics Procurement and Supply Chain Management (LPSCM) team remains committed to delivering excellence in Procurement and logistics service delivery across the Red Cross Red Crescent network, and other agencies.

The LPSCM utilizes its global tools, standard procedures and delivery mechanisms to strengthen the supply chain capacity and logistics expertise of National Societies. The LPSCM provides fleet services, mobilization and coordination of the supply chain needs of the different IFRC operations, procurement services and stock pre-positioning. One of the main goals of the LPSCM is to ensure an agile supply chain that provides timely quality services at the best value for money, building a culture of greater accountability at all levels of the IFRC network.

**PRIORITY 1 Efficient and Effective Supply Chain Management**

In order to optimize efficiency and cost effectiveness, in 2019 LPSCM will focus on re-vamping the IFRCs cost recovery model as well as approaches to fleet management and supply chain management. Global tools, standard procedures and delivery mechanisms will be refined and there will be an increased focus on meeting humanitarian needs in complex and protracted emergencies.

Best practices and innovative approaches will be developed and informed by partnerships forged with leading academia and the corporate sector who share common humanitarian goals. This includes the integration of environmental safeguards and considerations in supply chain management.

Improvements will be made in efficiency with a strong emphasis on strengthening levels of accountability and transparency at all levels of the IFRC network through stricter levels of compliance across the supply chain including the reinforcing of internal control mechanisms, the application of due diligence tools and adherence to the Supplier Code of Conduct.

**PRIORITY 2 Enhance localization**

The LPSCM will continue and accelerate efforts to develop and reinforce National Societies’ skills and capacity in relevant areas such as procurement, logistics and fleet management; supporting them to take the lead in assessing, planning, implementing and monitoring their logistics’ preparedness and response actions.
There will be a strong commitment to enhancing localization, promoting an approach that follows the principle “as local as possible, as global as necessary”. This includes greater emphasis on local procurement of relief goods and the development of local talent, prioritizing regional and national deployments to emergency operations. Efficiencies will be made to the IFRC’s Fleet supplier base by increasing the number of sourcing agreements made at regional levels.

**PRIORITY 3 Cash Scale-Up**

The LPSCM will also work to develop Cash Logistics expertise across the Movement. The creation of SoP’s together with common tools and procedures and good market analysis will be key to the successful implementation of cash distribution programmes, enabling the Red Cross Red Crescent to deliver cash quickly and at scale to at-risk communities.

### 2019 Budget Logistics Procurement and Supply Chain Management

<table>
<thead>
<tr>
<th>NAME</th>
<th>OTHER RESOURCES</th>
<th>REGULAR RESOURCES</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Learning/innovation in IFRC network</td>
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<tr>
<td>Supply chain and fleet services</td>
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<tr>
<td>Financial management</td>
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</table>

**TOTAL LOGISTICS, PROCUREMENT AND SUPPLY CHAIN**  
530,000 9,418,538 9,948,538

### One Billion Coalition for Resilience

The **One Billion Coalition for Resilience** (1BC) is a global initiative focused on the power of partnership. Convened by the IFRC, 1BC brings together governments and influencers, international organisations, civil society, the business community as well as individuals, households, and communities, to work together and take actions that enhance their own and their community’s resilience. By promoting a coalition approach at global, national, and local levels, the IFRC recognizes the need for multi-stakeholder collaboration in addressing resilience needs. 1BC is led by a small project team in POD whose
work is intended to help National Societies to scale the work that they are
doing using new business models and common building blocks. Efforts in
2019 will be organized around core strategies for scaling, partnerships, and
measurement. Improvements will be made to the tools the IFRC has available
for network-wide partnering and partnership mapping, including using new
business models, social mobilisation, fundraising and resourcing solutions.

**PRIORITY 1 Engagement and Measurement**

In 2019, a number of initiatives will be developed under 1BC that enable people
and communities to directly contribute to and measure their resilience actions.
A volunteer-led resilience measurement campaign will be established that uses
multiple channels to share an assessment survey for use by National Society
volunteers and members of the public to boost engagement in 1BC. The use
of this survey will also be expanded to serve as a *measurement* tool to enable
people to count actions that contribute to 1BC. This will be aligned to resilience
measurement work being led by the IFRC’s Risk and Vulnerability team.

**PRIORITY 2 Scaling**

The IFRC’s efforts under 1BC will focus on encouraging and assisting National
Societies to establish shared targets towards achieving 1BC. This will include
registering *national and local targets* and campaigns developed by National
Societies with local coalitions of partners.

A *Local Action kit* will be expanded to include diverse National Society and
partner examples as building blocks for scaling. Strategies for scaling will also
be developed with the IFRC network by engaging *Schools*—through National
Society partnerships on safety, health, and inclusion to promote effective
Life Skills for students and youth; *Communities*—through National Societies’
resources and outreach to guide community resilience plans and community
response and preparedness teams; *Households and workplaces*—through
National Societies’ campaigns to mobilize individuals as agents of change to
safeguard those around them.

**PRIORITY 3 Partnering**

The IFRC’s efforts under 1BC’s third priority are to create strategies that expand
partnerships across the IFRC and partner networks. To achieve collective goals
for ensuring resilient communities, partner organisations will contribute where
they are strongest and 1BC will serve as a mechanism to integrate resources,
skills, and expertise.

In 2019 efforts will be scaled up to engage the private sector and international
organisations through a *network-wide partnering approach*. A *Local Engagement
Grant programme* will be advanced to match donor interest to local collaborators.
and further guidance on local resourcing and campaigns for National Societies and other national and local partners will be developed.

1BC has been joined by UNICEF, WFP, the Connecting Business initiative and a growing number of other members, at global, regional, and national levels. An ambition is to grow 1BC to include five additional global members and wider sets of regional and national members.

2019 Budget One Billion Coalition for Resilience

<table>
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<tr>
<th>NAME</th>
<th>OTHER RESOURCES</th>
<th>REGULAR RESOURCES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness at community level</td>
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<td>218,500</td>
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<tr>
<td>Response and risk reduction at NS level</td>
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<td>NS corporate / organisational systems</td>
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<td>80,000</td>
</tr>
<tr>
<td>Learning/innovation in NS network</td>
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<td>85,000</td>
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<tr>
<td>Planning and reporting</td>
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<td>125,000</td>
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<td><strong>TOTAL ONE BILLION COALITION</strong></td>
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<td><strong>218,000</strong></td>
<td><strong>613,000</strong></td>
</tr>
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</table>

Operational Movement Coordination and Integration

The Operational Movement Coordination and Integration (OMCI) works to increase efficiency and effectiveness in Movement operations by strengthening coordination and integration of operational interventions, platforms and mechanisms. Delivering effective disaster management services, particularly in largescale emergencies relies increasingly on different components of the Movement working together effectively, using systems and approaches that ensure Red Cross Red Crescent humanitarian action is well-coordinated, making best possible use of the available capacities, skills and resources that exist within the Movement. The OMCI Unit acts as a focal point between partnering National Societies and the IFRC senior management on all strategic issues related to operational coordination and integration. Due to the strategic importance and cross-cutting nature of the function, the OMCI team is embedded in the Programmes and Operations Division, under the responsibility of its Under-Secretary General.
PRIORITY 1 Establish, strengthen, operationalize frameworks for effective Movement coordination in emergency and non-emergency situations

In 2019, the Movement Coordination team in Geneva will continue to lead on the IFRC’s engagement in the Strengthening Movement Coordination and Cooperation (SMCC) initiative, which aims to increase the International Red Cross and Red Crescent Movement’s capacity for efficient and coordinated large-scale emergency responses. Efforts will continue by the Unit to increase understanding and use of Movement Coordination tools and mechanisms by Movement partners, build dialogue and further align systems between the IFRC, ICRC and National Societies. Improvements will be made toward providing cost-effective and operationally relevant services and support. This includes achieving greater ‘interoperability’ in logistics, strengthening interaction and dialogue on security and streamlining training approaches. Steps will also be taken to build on successful examples of collective resource mobilisation, improving the concept and mechanism for the ‘One International Appeal’, enabling Movement partners to launch joint appeals that attract more resources and support for large scale emergency responses. Opportunities will also be explored for Movement coordination in non-emergency settings such as healthcare initiatives in conflict areas.

PRIORITY 2 Expand the reach of the IFRC through effective and efficient shared leadership and Integration services

Shared leadership generates common goals and creates opportunities for NS to take increased responsibility in humanitarian activities in certain contexts or thematic areas, according to their strengths. In 2019, an IFRC framework on shared leadership will be finalized together with additional guidance documents for operationalizing shared leadership in different contexts. One of the most important partnerships for the IFRC network has been with the IFRC reference centres. From 2003 to the present, the Red Cross and Red Crescent has established 16 reference centres that serve as a valuable resource in knowledge development and technical support. In 2019 efforts will be made to improve coordination between the IFRC, reference centres and National Societies to achieve greater impact. A series of reviews of reference centres relevance and performance will be carried out, their operations and services will be mapped and efforts to promote their work will be scaled-up.

Since 2005 the IFRC has been providing Integration Services to National Societies operating bilaterally. The Unit will work to further strengthen the management of Integration Services, improving monitoring, processes, compliance and data collection.
2019 Budget Operational Movement Coordination and Integration

<table>
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<tr>
<th>NAME</th>
<th>OTHER RESOURCES</th>
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</thead>
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<tr>
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<td>879,200</td>
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**TOTAL MOVEMENT COORDINATION**

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<td>Movement coordination</td>
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<td>879,200</td>
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Total 2019 Programmes and Operations Budget

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<td>36,662,125</td>
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<tr>
<td>Health and Care</td>
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<td>2,503,920</td>
<td>11,610,166</td>
</tr>
<tr>
<td>Logistics, Procurement and Supply Chain</td>
<td>530,000</td>
<td>9,418,538</td>
<td>9,948,538</td>
</tr>
<tr>
<td>One Billion Coalition</td>
<td>395,000</td>
<td>218,000</td>
<td>613,000</td>
</tr>
<tr>
<td>Movement coordination</td>
<td>350,000</td>
<td>529,200</td>
<td>879,200</td>
</tr>
<tr>
<td>Global leadership</td>
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<td>Global Road safety (GRSP)</td>
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<tr>
<td>SCHR</td>
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</table>

**GRAND TOTAL**

|                 | 52,438,842 | 18,321,158 | 70,760,000 |
For further information on the Programmes and Operations division’s plans and activities, please contact:

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