



International Federation
of Red Cross and Red Crescent Societies



World Health Organization

Cooperation between the International Federation of Red Cross and Red Crescent Societies and the World Health Organization

11 May 2005

To: IFRC Representations

WHO Regional Directors and Representatives in WHO Country Offices

Dear colleagues,

We address this letter to you as representatives of the International Federation of Red Cross and Red Crescent Societies (International Federation) and the World Health Organization representatives in countries as well as to the Regional Directors of WHO and staff in our respective headquarters in Geneva. The increasing cooperation at country and regional level has been manifested in the signing of important regional arrangements between the International Federation and three of WHO's regional Offices – the Regional Office for the Americas/Pan American Health Organisation AMRO/PAHO, the Eastern Mediterranean Regional Office (EMRO) and the South East Asia Regional Office (SEARO). The purpose of these important agreements is to further strengthen the cooperation at the national level between National Red Cross and Red Crescent Societies and WHO regional and country offices.

The basis of cooperation between the International Federation and WHO is their complementary approach to vulnerability to disease as a major cause of poverty, just as poverty itself is a major contributor to vulnerability to disease. Threats to public health compromise the productivity and productive potential of individuals, communities and entire nations.

The International Federation and WHO will work together towards achieving the Millennium Development Goals. Both organizations also share the important objective to reduce avoidable loss of life, burden of disease and disability in crises. The two organizations already work together in a number of inter-agency settings towards these objectives, taking account especially of the International Federation's Strategy 2010^[1] WHO's '3 by 5' goals and the Three Year Performance Improvement Programme of the Department of Health Action in Crises^[2]. The cooperation will build upon existing collaboration in such areas as HIV/AIDS, Tuberculosis and Malaria, as well as first aid, road safety and other work in disaster prevention, emergency, and recovery situations.

The International Federation focuses on supporting a comprehensive approach to health care, linking international cooperation to the community level, and to the work of tens of millions of volunteers. Work at the national level is conducted by its worldwide network of national societies, which function as auxiliaries to the public authorities in the humanitarian field.

WHO strategic priorities are built around the objective of the attainment by all peoples of the highest possible level of health. Its mandates in many fields match those of the International Federation, especially through the provision of assistance which saves lives, protects livelihoods, enhances resilience, improves nutrition, supports public awareness campaigns and training programmes, and reduces gender disparity. The International Federation and WHO share the view that their already

extensive cooperation should be further scaled up through activities that can make a positive impact for public health and the struggle against disease.

In view of the above, the International Federation and WHO are planning some immediate practical steps, which will include the following:

- Enhance contacts between WHO field offices and delegations of the International Federation;
- Build new cooperation relationships between National Societies and Ministries of Health and related agencies;
- Support activities which build national capacity and enable that capacity to play a full part in this cooperation;
- Organize regular meetings to discuss opportunities for further collaboration;
- Exchange of technical contact points between the Secretariat of the International Federation and the Headquarters of WHO.

The cooperation outlined in this letter will be valid for five years from its date of signature and will be reviewed thereafter unless terminated by either party with three months prior written notice.

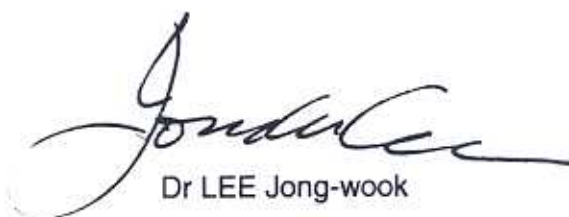
Further detail is provided in the annex to this letter, which will be reviewed as appropriate. WHO Regional and Country offices, International Federation delegations and National Societies are encouraged to identify which of the areas of cooperation identified in the attached annex are appropriate for consideration in the respective countries and pursue such opportunities when they are mutually beneficial to the two organizations. We intent to follow up on this call for scaling up our cooperation and look forward to receiving regular updates on your experiences.



Markku Niskala

Secretary General

International Federation of Red Cross
and Red Crescent Societies



Dr LEE Jong-wook

Director General

World Health Organization

1. <http://www.ifrc.org/who/strategy.asp>
2. <http://www.who.int/hac/about/threeyearplan/en/index.html>

IFRC – WHO COLLABORATION

There are many potential areas for enhanced or innovative collaboration between the International Federation and WHO in the spheres of policy, project implementation and/or programme support, **in particular targeting the most vulnerable in affected communities**. Regional and country offices and delegations, as well as the relevant headquarters units, of the International Federation and WHO are encouraged to explore opportunities for strengthened collaboration, especially in the following sectors:

- **Emergencies and health action in crisis situations:** Further collaboration in disaster risk reduction, response, emergency preparedness and planning, and in the transition to rehabilitation and recovery.

The organizations are active participants in the Inter-Agency Standing Committee, its working group and its subsidiary bodies. Of particular interest is the strengthening of collaboration on early warning/early action, forgotten emergencies, information management and information sharing mechanisms and tools including country profiles and risk analysis methods.

The organizations recognize that each emergency situation has its own special characteristics, but there are many common threads and vulnerabilities. Both organizations recognize that the issue of mental health in emergencies needs more attention in the future, and will scale up their support for this work. At the same time, the organizations stressed their determination to strengthen the priority of public health, water, hygiene and sanitation in emergency situations.

- **HIV/AIDS:** WHO and the International Federation will pursue further collaborative efforts in areas of common interest and priority in different countries and regions. In doing so, the organizations will pay particular attention to such issues as the provision of community services and support through home based care and programmes. Like many other programme areas, work on HIV/AIDS will include close collaboration with National Societies as well as other agencies, in particular UNAIDS

- **Advocacy:** In areas of common interest, with a priority for HIV/AIDS, tuberculosis, malaria, measles, blood donor recruitment and emergencies it may be possible to have common advocacy positions. This form of joint advocacy may have greater impact, especially if it is done in conjunction with national societies. It should include, at every level, work to combat the stigma so often attached to disease, ill-health and disability.

Special attention should be paid to the development of common positions for major international conferences and events, including international days.

- Regular consultations will be held between the two organizations to coordinate advocacy strategies, and where possible to involve national-level counterparts in presentations. Where possible, this will extend to collaborative efforts around the World Health Assembly as well as meetings of the regional committees of WHO and the International Federation's regional and other major conferences.

Conclusion

The collaboration between the International Federation and WHO is already extensive, but opportunities can and should be explored to expand and improve this collaboration further. Both the International Federation and WHO would benefit from this at different stages of programme delivery, eventually offering better response and services to the most vulnerable. Some of the possibilities of how to inject new energy into the collaboration between the International Federation and WHO are mentioned above. The list is by no means exhaustive, new opportunities will continue to appear.

The staff in the field, as well as at headquarters, of both the International Federation and the WHO, are therefore called upon to work together closely to enhance the continuing collaboration, to expand the cooperation to new and wider areas, and also to provide suggestions to strengthen the collaboration further, while respecting, both in letter and in spirit, the respective mandates, strategic goals and objectives of the International Federation and the WHO.
