

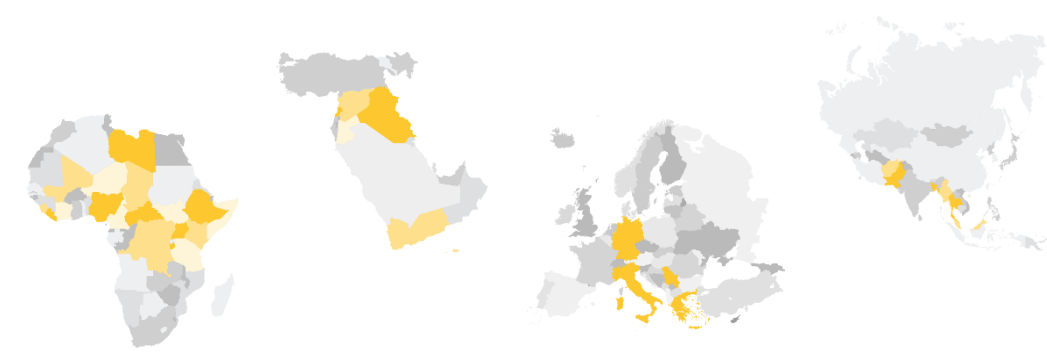
Organization's Role and Activities

The mission of the International Rescue Committee (IRC), founded in 1933, is to **help people whose lives and livelihoods are shattered by conflict and disaster** to survive, recover and gain control of their future.

The IRC delivers lasting impact by providing health care, helping children learn, and empowering individuals and communities to become self-reliant, always with a focus on the unique needs of women and girls.

Our work is funded by donor governments, foundations, individuals and corporate partners.

Population & Regions Served



The IRC assists vulnerable populations globally, including refugees, internally displaced persons, and host communities in crisis-affected areas.

These groups face health challenges like limited health care, infectious diseases, malnutrition, mental health issues, and food insecurity. The IRC operates in over 40 countries and provides resettlement, asylum, and integration services in the U.S. and Europe. **Health programs constitute over 50% of IRC's work in more than 33 countries.**

Overview of Displaced Populations

305 million people need humanitarian aid, with 82% (242 million) in 20 IRC Watchlist countries (e.g., Sudan, Myanmar, Syria, DRC, occupied Palestinian Territory, Chad). A record 120 million people are fleeing conflict and disaster, and 123 million are forcibly displaced globally. Additionally, 256 million people face severe food insecurity.

Outcomes/Impact

IRC's health programs address immediate crises and long-term challenges, focusing on vulnerable populations and health inequality.

They prioritize integrated primary care, nutrition, and environmental health across six pillars: Nutrition, Immunization, Contraception, Infectious Disease Control, Primary Health Care, and Clean Water.

In 2023, IRC reached 23.8 million people in 33 countries with health services, providing over 10 million consultations at 3,282 facilities.

Immunization Programs

The IRC is working to **close the vaccination gap** among children and adults affected by conflict and disaster across the world.

We have **proven scale is possible in humanitarian settings** through the Gavi-funded Reaching Every Child in Humanitarian Settings (REACH) consortium, a network of global and local organizations in Ethiopia, Somalia, South Sudan, Sudan, Chad and Nigeria. As of November 2024, REACH has delivered 8 million vaccine doses.

The IRC and partners **support HPV vaccination** in Kenya, Uganda, Tanzania, Bangladesh, Thailand, Libya, Burkina Faso, and Sierra Leone. Cervical cancer screening is also available in select countries, funded by Ministries of Health (MoH), multilateral sources, and private donors.



Community health workers conducting a health education session aimed at raising NCD awareness among community members in Mogadishu, Somalia

Cervical Cancer Prevention and Control

The IRC and partners currently **provide HPV vaccinations in camp settings** to girls aged 10-19 years. In the last quarter of 2024, the IRC vaccinated 7,942 girls (10-14 years) living in refugee camps in Bangladesh in partnership with the health cluster. In 2023, the IRC vaccinated 3,146 girls (9-14 years) in Tham Hin refugee camp, Thailand, hosting ethnic minorities from Myanmar (Burma).

These services are **primarily offered in partnership with the ministries of health** using Gardasil (quadrivalent) and Cervarix (bivalent) vaccines. HPV vaccination dosing varies by country from a single dose to three doses.

The **IRC offers cervical cancer screening** in Uganda, Thailand, Libya, Lebanon, Kenya, Ecuador, and Burkina Faso. Screening methods are primarily visual inspection with acetic acid, and some programs offer Pap tests. Most programs refer women for treatment of pre-cancerous lesions.

Corresponding Author: Stella.Njagi@rescue.org

Despite financing and capacity constraints, the IRC leverages its programming experience in SRH, immunization, and NCDs to distribute the HPV vaccine to girls and young women.

Through SRH, family planning, and HIV clinics, the IRC creates synergies with cervical cancer screening in camp settings.

In partnership with MoH, the IRC tracks vaccination dosing and reports to the national system.

The IRC supports both static and mobile outreach directly and through partnerships.

Barriers to Access/Implementation for Cervical Cancer prevention & control

Cervical cancer prevention and control in humanitarian settings face constant challenges from:

- **Conflict, displacement, and natural disasters**, which damage or destroy health facilities. Ongoing violence endangers patients and healthcare providers and disrupts essential medicines and supplies.
- Unpredictable and insufficient **humanitarian funding** hinders effective health programs.
- **Socio-cultural barriers**, such as low awareness of HPV, stigma, and misinformation about sexuality and vaccine safety, fear of pain/discomfort, constrain demand.
- **Access barriers**, like minimal mobilization due to security challenges and distance, refugee mobility, and,
- **Supply chain issues** (e.g., lack of cold-chain storage, vaccine stock-outs), further complicate the situation. High workloads for healthcare workers add to screening challenges.

Way Forward on Cervical Cancer Prevention and Control

Looking ahead, the IRC aims to:

- Expand cervical cancer programming: Prevention, diagnosis, and treatment.
- Integrate services: SRH, protection, NCD management, and immunization.
- Collaboration: Work with MoH on HPV vaccination strategies for adolescent girls. Work with humanitarian and local partners to deliver vaccination, drawing on lessons from REACH.
- Increase access: Use low-cost detection and treatment methods.
- Task shifting: Deliver services in primary health care centers in fragile and humanitarian settings.