

# Health Services Support

**Efficient, well-supported health services can be lifesaving for many vulnerable people who die each year from communicable and non-communicable diseases, trauma, infectious disease outbreaks and other conditions.**

International Medical Corps' approach to health-systems strengthening ensures comprehensive models of health-workforce capacity building at the national, sub-national, health-facility and community levels.

We offer technical assistance to improve service delivery and availability, essential medicines and medical supply chain, clinical quality of care and community participation—essential for positive health outcomes and sustainability. We also work to strengthen local emergency preparedness and response to

disease outbreaks and disaster, which improves stakeholders' capacity for planning, management and leadership. And we work to strengthen recovery programming, ensuring continuity of care.

In response to the effects of extreme weather and environmental stresses and their impact on human health, we implement disaster risk-management interventions.

We work with local health authorities and vulnerable communities to provide access to high-quality primary and secondary healthcare services. In 2024, we supported 1,760 health facilities across 24 countries, reaching more than 9 million people with health services. We conducted 8.7 million consultations for adults and children, including treating more than 1.6 million children under 5 for infectious diseases. We also helped nearly 720,000 people access secondary and specialized health services and reached more than 3.7 million with health education messages.





## HEALTH SYSTEMS

A strong health system, which is essential to providing equitable healthcare access for all, encompasses healthcare infrastructure, workforce, medical supplies, information systems, financing and governance. Using adaptive strategies, International Medical Corps strengthens health systems and improves public health outcomes—even in the face of complex and challenging circumstances.

### LEBANON

International Medical Corps is one of the Lebanon Ministry of Public Health's largest health partners. We work together to provide health services to refugees and host communities in more than 50 primary healthcare (PHC) facilities across Lebanon. Critical to this work, we have supported the ministry in the design and implementation of the Long-term Primary Healthcare Subsidization Protocols (LPSP)—a set of subsidized, inclusive, evidence-informed and prioritized health benefit packages for general wellness and prevention, as well as antenatal, communicable disease, non-communicable disease (NCD), mental health and disability care.

### SOUTH SUDAN

We contributed to strengthening South Sudan's health system by working with the World Bank and UNICEF to revitalize 67 health facilities in Upper Nile state—improving infrastructure, increasing the number of qualified staff, building capacity and establishing a referral and supply-chain management system to provide PHC services to about 736,000 people.

### UKRAINE

In 2024, we conducted more than 1.5 million consultations, supporting about 160 health facilities. We also partnered with Harvard Humanitarian Initiative to provide advanced trauma training for nearly 1,200 frontline workers and to about 350 master trainers who will cascade the training to other Ukrainian frontline staff. Training topics included advanced trauma life support, mass casualty management and more.

### YEMEN

In 2024, we trained 280 healthcare workers on integrated management of newborn and childhood illnesses, integrated community case management, basic emergency obstetric and newborn care, comprehensive emergency obstetric and newborn care, clinical management of survivors of violence, public health emergency management, the Expanded Program on Immunizations, healthy timing and spacing of pregnancies, and infection prevention and control. We supported more than 40 PHC facilities and four hospitals by providing primary and secondary healthcare—including managing treatment of NCDs and providing medications—to ensure that primary-care services were provided free of charge and to alleviate the costs related to specialized care. In 2023, by rehabilitating and equipping a major referral hospital, we improved the availability of secondary and specialized health services, including those for cancer patients.







## DISASTER RISK MANAGEMENT PROGRAMMING

We have an organizational commitment to help health systems become more resilient to the effects of extreme weather and environmental stresses.

To manage health impacts in **Mali**, we are enhancing the Timbuktu health district's preparedness and response capacity for weather-related health emergencies, as well as strengthening health worker and community knowledge. To accomplish this, we have worked with local health authorities to develop and implement a context-specific health and extreme-weather training curriculum for community health workers. We also have supported the development of a district-level preparedness and response plan for weather-related health impacts.

In **Somalia**, we are building the capacity of program staff, community health workers and clinicians to respond to the threats of extreme heat on health and mental health. We are enhancing prevention, screening and treatment of NCDs that are vulnerable to worsening environmental conditions while scaling up key medical supplies for NCD management and promoting precautionary community-level measures. We are also exploring how to integrate such disaster risk-management practices into national health policies. Our Afghanistan, Central African Republic, Democratic Republic of the Congo, Pakistan, Somalia, Syria and Yemen missions have redesigned and solarized health facilities to address risks such as heat and flooding, to conserve energy and to ensure reliable power supply for healthcare services.

In all of this work, we are reducing our own environmental impact across the supply chain, collaborating with government and civil society; innovating for reach, scale and efficiency; and learning and sharing knowledge through forums, including global conferences.



## HEALTH RESILIENCE

Health resilience is the ability of a community or healthcare system to withstand adversity, and to adapt and recover quickly. Capacity building of local first responders, which supports health resilience, lies at the core of our work. We work closely with local health authorities to sustainably:

- ▶ improve individual health habits before a crisis hits, enabling communities to better absorb sudden shocks, then remain resilient during and immediately after a crisis;
- ▶ foster social behavior change through health and hygiene promotion, to better shield communities from communicable diseases and NCDs;
- ▶ invest in and implement reforms that restore and improve health systems to levels equal to or beyond their pre-crisis status;
- ▶ ensure equitable access to and availability of experts in key health and health-related areas; and
- ▶ assess and fill health-related gaps required to identify threats to resilience, and act to neutralize those threats at both local and national levels.

## OUR EXPERIENCE

In **Syria**, we work with other organizations to implement community resilience projects that build the capacity of local communities to design, implement and monitor essential services. We bring communities together to discuss their needs and develop contextualized solutions. We also build community capacity to prepare for and respond to health emergencies and outbreaks.



In 2024, we trained 14,400 people in health topics including communicable disease management and control, basic life support and advanced cardiac life support, maternal and newborn healthcare strategies, NCDs, Expanded Program on Immunizations, emergency obstetric and newborn care (including referral systems), clinical management of rape, rational use of essential drugs and more.

## HEALTH INFORMATION

Reliable information on the health status of people and communities—and on the quality of service—is essential for evaluating healthcare programs. Accurate data is needed to assess individual and community public health, as well as the performance of health facilities.

## OUR EXPERIENCE

In a village in northern **Ethiopia**, we conducted a research study to determine needs surrounding maternal, newborn and child health, general health, well-being, nutrition and income generation. The research found six specific issues affecting the community's youth, including a lack of recreational space (which drove youth to engage in risky behavior in questionable locations) and an unwelcoming environment at local health centers.

In northern **Nigeria**, we helped train government staff to use smartphones to collect and transmit data on the progress of our polio eradication project there.

In **Syria**, we use an electronic health record (EHR) system that includes a triage system that enables us to prioritize women, children, people living with disabilities and other vulnerable groups in receiving needed care. EHRs help caregivers reduce medical errors and provide safer care, streamline caregivers' workflows and enable quick access to patient records for more coordinated and efficient care.



Nearly 40% of the world's deaths are not registered, and only 8% of reported deaths in low-income countries have documented cases, while an estimated 36 million babies born each year are not registered.



[www.InternationalMedicalCorps.org](http://www.InternationalMedicalCorps.org)

A pre-eminent first responder since 1984, International Medical Corps delivers emergency medical and related services to those affected by conflict, disaster, and disease, no matter where they are, no matter what the conditions. We also train people in their communities, providing them with the skills they need to recover, chart their own path to self-reliance and become effective first responders themselves.

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