Concern Worldwide's Health Policy
Concern Policies

Concern is a voluntary non-governmental organisation devoted to the relief, assistance and advancement of peoples in need in less developed areas of the world.

Concern believes in a world where no-one lives in poverty, fear or oppression; where all have access to a decent standard of living and the opportunities and choices essential to a long, healthy and creative life; a world where everyone is treated with dignity and respect.

Our mission is to help people living in absolute poverty achieve major improvements in their lives, which last and spread without ongoing support from Concern.

We will work with the poor themselves and with local and international partners who share our vision of democratic and just societies.

To achieve this mission Concern engages in long-term development work, responds to emergency situations and undertakes development education and advocacy on those aspects of world poverty which require national or international action.

Concern’s core values derive from a single central value:

**Extreme poverty must be targeted**

Our other values are subsidiary to this central value:

- Respect for people comes first.
- Gender equality is a prerequisite for development.
- Development is a process, not a gift.
- Greater participation leads to greater commitment.
- Emergencies call for rapid response.
- Democracy accelerates development.
- The environment must be respected.
- Good stewardship ensures trust.
- Experience is the best teacher.
- All governments have responsibility for poverty elimination.

Concern’s work is guided by a series of policy documents which are translated into practice through the implementation of Organisational and Country Strategic Plans and Organisational Programme Plans. Country Plans are put into operation through projects designed using Concern’s Project Cycle Management Process.

**Concern has a range of policies:**

- General Policies.
- Programme Approach Policies.
- Programme Sector Policies.
- Resource Policies.
- Programme/Project Management Policies.

Details of policies approved by Council are listed inside the back cover.

The policies have been written to complement each other. For example, in our Health Policy we state that we will help to build the capacity of local government health services and that the approach to be used will be found in the Capacity Building Policy. Our general approach and resource policies cover all sectors. All policies are dynamic and are reviewed from time to time.
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Health Policy Summary

Health, as defined by the World Health Organisation (WHO), is a ‘state of complete physical, mental and social well-being, not merely the absence of disease or infirmity’.

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political, economic or social condition.” (WHO’s Constitution).

Concern recognises the importance of good nutrition and a safe environment in the promotion of good health.

Concern’s Policy Aim

Concern’s policy aim is to assist in the long term reduction of mortality and morbidity rates, and to improve health security for all. This will be achieved through support to the development of sustainable health care delivery systems and supporting public health interventions.

Concern’s Health and Nutrition Policy

Concern will contribute to achieving the Millennium Development Goals and WHO’s Global targets for 2020, taking account of the following:

• Affirmation of the right to health and an adequate food for all.
• Planning activities on sound values and ethical principles (WHO 1998.)
• Development of programmes on PHC and public health principles.
• Adhering to international standards and best practices in all interventions.
• Focusing on preventative measures and mitigation of disease epidemics.
• Promoting equity and empowerment for better health.

In the short term Concern will act to:

• Support health positive practices and promote healthy lifestyles.
• Increase access by the poorest to primary health care services which are responsive to their needs.
• Facilitate rapid response in the case of sudden onset health emergencies.
• Promote greater representation of target groups in decision-making for health, and greater participation in service delivery.
• Develop Concern’s capacity to implement this policy.

Targeting and Programme Type

Concern targets health work on the problems of the poorest people in our target countries and will, as appropriate, carry out emergency relief, rehabilitation, development, development education and advocacy programmes with these target groups.

Programme Approach

Concern will focus on the following:

• Helping to build the capacity of government, international, local agency and community based health service providers.
• Facilitating the empowerment of people towards better health.
• Participation of stakeholders at all stages in the project cycle.
• An inter-sectoral approach.
• A population based approach where the needs of all are considered but primacy is given to the poorest.
• Gender equality.
• Behavioural change through health promotion and education.
Policy Monitoring and Review
The implementation of this policy will be monitored through a range of instruments such as programme, country and sector evaluations. Concern recognises that both internal and external environments change. Such change may have a bearing on the scope and content of this policy. Consequently, it will be reviewed periodically. The review process will be consultative and participatory in nature. The responsibility for initiating the policy review process rests with Concern’s Council through Senior Management.
1. Introduction

Concern has been involved in the provision of health services to poor people in developing countries for more than thirty years. These services have had a remarkable and positive effect on the health of many people and this, in turn, has enabled many families to improve their social and economic circumstances.

This policy builds on Concern’s experience over the years and on learning from other organisations. It is intended to create a framework so that Concern can take cognisance of external conditions and constantly improve its effectiveness in creating not only improved health for millions, but also the human capital for lasting social and economic change.

2. The Right to Health

The Universal Declaration of Human Rights (1948) affirmed the right of all people to adequate food, health and medical care.

The Constitution of the World Health Organisation (WHO) states, ‘The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political, economic or social condition.’

3. The Policy Environment

There have been considerable improvements in access to and coverage by health care services in the last twenty-five years and progress has been made in global health status in terms of life expectancy and a lowering of infant mortality rates.

Gains have not been equally distributed worldwide and although the situation is improving in percentage terms, increasing numbers of people in the poorest countries suffer high mortality and morbidity rates, with sub-Saharan African countries being the most seriously affected (WHO, 1996). Those living in absolute poverty are five times more likely to die before reaching the age of five years (WHO, 2000).

Economic decline, and HIV/AIDS, now the leading cause of death in Africa (WHO, 2000), are reversing hard-won development and health gains, including progress on life expectancy and child survival. HIV/AIDS is one of the most daunting problems facing the world today. Although it is much more than a health problem, the spread of HIV/AIDS cannot be tackled without health initiatives being established alongside a range of other approaches.

Many factors limit progress in improving the health situation in developing countries:

- Economic decline, debt and structural adjustment, with reduced health spending in many of the poorest countries.
- Increasing inequities and marginalisation within and between countries.
- Internal political instability, repressive governments and ongoing conflict.
- Increasing globalisation, transnational travel and the economic power of multinationals.
- Decreasing overall international development assistance and changing donor priorities, with support for democratisation, decentralisation and civil society initiatives.
- Population growth, especially in urban areas, and population displacement in conflict areas.
- Resource degradation, increasing natural disasters and environmental pollution.
- Epidemiological transition, with new and re-emerging diseases.
- Increasingly powerful arms, tobacco, alcohol, pharmaceutical, media and advertising industries.
- Erosion of traditional values and cultural practices, and changing gender roles.

Globalisation has the potential to improve the situation in the longer term.
The establishment of the following International Development Targets for Health has opened up the possibility of progress:

- Reduce by two-thirds the rate of infant and child mortality by 2015.
- Reduce by three-quarters the rate of maternal mortality by 2015.
- Attain universal access to reproductive health.
- Reduce TB and malaria mortality by 50% by 2010.

Concern is committed to contributing towards meeting these targets.

3.1 Health of the Poorest

The most prevalent problems among poorest populations, and affecting children less than five years old in particular, include diarrhoea, malnutrition, measles, malaria and respiratory infections. It has been estimated that these five conditions cause 75% of child deaths (WHO, 1999).

TB and opportunistic infections are among the leading causes of death among adults in Africa and Asia. AIDS is a relatively new hazard for the poor. More than 95% of those infected with HIV now live in the developing world (WHO, 2000). Sub-Saharan Africa alone accounts for 28.1 million of the 40 million people currently infected with HIV/AIDS and prevalence rates among adults stand at a staggering 8.4% (UNAIDS, 2001).

Maternal mortality is by far the greatest cause of premature death amongst poor women in developing countries, with rates as high as 44 per 10,000 live births.

3.2 Constraints to Good Health Systems

Resources

Health system capacity and sustainability depend on the availability of infrastructure, materials, equipment and human resources. Throughout the developing world, lack of government financing for health services results in inadequate, or in some cases collapsing, systems. Problems such as debt and sanctions have led to a deterioration of services in some countries, while weak commitment by governments to Primary Health Care (PHC) is the primary cause in other countries.

Influxes of refugee or Internally Displaced Persons (IDP) populations, and even planned repatriation, can overwhelm aid agencies and host governments alike.

Weak Management and Inadequate Participation

Poorly planned decentralisation and institutional weaknesses, such as lack of supervision and weak health information systems, are impacting negatively on service delivery in many of the least developed countries.

There is low community participation and limited involvement of non-state actors in public health initiatives.

Low Public Confidence in Government Services

Poor quality leads to low uptake of government health and nutrition services.

Under-emphasis on Prevention

In most developing countries, there is limited provision for preventative health practices and health promotion, although many communicable health problems are preventable. Health education is often poorly executed and accorded low priority; indeed, it can get overlooked altogether in emergency situations.
Regulation
Poor people often rely on unregulated private practitioners, traditional healers or self-treatment. The danger of unregulated private practitioners is two fold. Firstly, self-treatment can produce unwanted side-effects if drugs are not administered properly and may facilitate the development of multi-drug resistance, e.g. TB drugs. Secondly, the lack of regulation may give rise to unsound medical practices. In contrast, over-regulation and patent development can hinder the benefit of traditional healers and limit opportunities for the production of more affordable generic drugs.

4. Major Health Problems
An estimated 1.3 billion people live in absolute poverty and most of them regularly experience health problems. Among the most serious are the following:

4.1 Non-communicable Diseases
These are diseases arising from genetic conditions or lifestyle. As a direct result of increasing incidence of smoking, changes in diets, changes in work and exercise patterns, the incidence of cardiovascular and non-infectious respiratory diseases, diabetes and cancer is predicted to increase in developing countries (WHO, 1997). In particular, smoking-related deaths are estimated to increase to around 10 million per annum by the year 2030, perhaps exceeding those from HIV/AIDS in developing countries. Undoubtedly, the major health problems arising from lifestyle are those associated with poor nutrition.

Ill-health Related to Malnutrition
Malnutrition is inadequate food intake, resulting in wasting, stunting, lowered activity levels and frequent illness. It lowers disease resistance. Different population strata face different problems. Maternal malnutrition has serious effects on the health of children. Children of low birth weight, who in turn receive poor nutrition, fail to reach their full genetic potential for physical and mental development and this leads to the effects of chronic malnutrition being passed from generation to generation.

It is now recognised that malnutrition in early life lowers physiological efficiency throughout life and this has serious implications for individuals trying to compete to establish livelihoods.

Factors within households which result in differential access to food based on sex and age, may result in markedly differing nutritional status for children, adolescents, adults and the elderly, and between men and women.

Many agencies, especially in emergency situations, have attempted to address malnutrition without fully understanding the differing needs of different sections of the community. There is a need to develop better diagnostic standards and more appropriate intervention approaches. Whereas there is broad general consensus about individual needs for nutrients, little attention has been given to the management of community nutrition.

Reproductive Health
Each year, some 585,000 poor women die from complications of pregnancy and childbirth (WHO, 2000). The majority of deliveries are conducted at home, without trained assistance. Haemorrhage, infection and neonatal tetanus can result from unsafe delivery practices.

Accident and Trauma
War injury and land mine accidents are increasing risks for civilian populations in countries during and post-conflict.

The incidence of road traffic injuries and home and industrial accidents is also increasing throughout the world.

Mental Health
There is an ongoing increase in mental health problems arising from conflicts, family breakdown and the effects of social alienation. Drug abuse is now a serious problem in many of the least developed countries.
4.2 Communicable Diseases

These are diseases transmitted by infection, either directly or through a vector.

Malaria is the most common and well-known vector-borne disease, accounting for an estimated 1.1 million deaths and 300-500 million cases per annum. Dengue fever, bilharzia and kal-azar are endemic in many places.

HIV/AIDS is the biggest single killer in the developing world, accounting for an estimated 3 million deaths in 2001. Some 14,000 people are newly infected every day, with 95% of those infected living in the developing world (UNAIDS, 2001). TB is one of the main opportunistic infections associated with HIV/AIDS.

Diarrhoeal diseases, accounting for up to 4 million deaths annually (WHO, 1998), acute respiratory infections (ARIs) and measles – all remain major causes of death and illness in the developing world.

4.3 Environmental Conditions

The environment has a major effect on people’s health. Current estimates put the number of people without access to safe drinking water at 1.1 billion, or one-sixth of the world’s population. Two-fifths of the world’s population, or 2.4 billion people, do not have access to safe excreta disposal (WHO, 2000).

Failure to control mosquitoes leads to more than 1 million deaths and between 300-500 million cases of malaria annually, with a huge effect on economic output.

It is estimated that in most cities, in the developing world, between one-third and two-thirds of people have inadequate housing. It is recognised that the improvement of living conditions during the last century was a major contributory factor to the improvement of health in the developed world.

WHO estimates that 1.9 million people die annually due to exposure to high concentrations of suspended particulate matter in the indoor air environment. Most of this comes from the use of biomass fuels in cooking.

Children, in particular, have increased susceptibility to acute respiratory infections in such environments.

5. Concern Worldwide’s Health Policy

Concern recognises that poverty, inequality and marginalisation are both root causes and consequences of poor health. Lasting improvements in health can therefore only be achieved through a multidisciplinary approach, tackling many of the root causes of poverty and developing stronger links in particular with the sectors of food security and education. Concern is also aware of the need to balance curative and preventative approaches to health, but for the most part Concern will focus on improving health through Primary Health Care in emergency, rehabilitation and development contexts.

The main components of PHC, as defined by WHO at Alma Ata in 1978, are:

- Food and Nutrition.
- Water and Sanitation.
- Maternal and Child Health.
- Care/Family Spacing.
- Immunisation.
- First Aid/Disease Control.
- Traditional Medicine.
- Provision of Essential Drugs.
- Health Education.
- Mental Health.
- Oral Health.
5.1 Core Principles
Six core principles guide Concern’s Health Policy:

• Affirmation of the right to health and adequate food for all.
• Planning activities on sound values and ethical principles (WHO, 1998).
• Development of programmes on Public Health Care and public health principles.
• Adhering to international standards and best practices in all interventions.
• Focusing on preventative measures and mitigation of disease epidemics.
• Promoting equity and empowerment for better health.

5.2 Aims and Objectives
In the long term, Concern will contribute to a reduction in mortality and morbidity rates, and to improved health security for all. This will be achieved through support to the development of sustainable health care delivery systems and supporting public health interventions.

In the short term, Concern will act to:

• Support positive health practices and promote healthy lifestyles.
• Increase access by the poorest to primary health care services which are responsive to their needs.
• Facilitate rapid response in the case of sudden onset health emergencies.
• Promote greater representation of target groups in decision-making for health, and greater participation in service delivery.
• Develop Concern Worldwide’s capacity to implement this policy.

Concern Worldwide’s policy objectives are to contribute to achieving the International Development Targets as they relate to health and WHO’s Global Targets for 2020. In striving to achieve these objectives, we aim to work in partnerships. Specifically, Concern will measure performance in its programmes against the following key indicators:

• Infant mortality rate.
• Mortality rate of children under five years of age.
• Maternal mortality rate.
• Births attended by skilled health personnel.
• Contraceptive prevalence rate.
• HIV prevalence in 15-24 year old pregnant women.
• Prevalence of underweight children below five years of age.
• People with access to safe water and sanitation.

5.3 Targeting
In emergency, rehabilitation and development situations, Concern targets health work on the problems of the poorest people in our target countries. Within countries, priority areas are identified using indicators such as child and maternal mortality, life expectancy, nutritional status and HIV prevalence rates.

Those living in absolute poverty are our primary target group. To achieve progress with this group, Concern may have to work with the general population and with those stakeholders who serve the health and nutrition interests of the most vulnerable and who are striving to achieve common health objectives. Target groups will be identified in consideration of local people’s own understanding of ‘health poverty’ and their definitions of who is ‘poorest’.

In acute emergency situations, if there is no time for community participation, our interpretation of immediate vulnerability and risk, local capacity to cope, government request and other stakeholder responses will be used in targeting those who are most in need of health and nutritional assistance from Concern.

1 For details of country selection, see How Concern Targets Interventions for Poverty Elimination, August 2000.
5.4 Types of Programme

Emergency relief, rehabilitation, development, and development education and advocacy programmes will be carried out as appropriate, in consideration of the target populations’ health, environmental health and nutrition priorities.

Target groups will be involved in programme planning, setting priorities, making decisions, agreeing objectives and identifying indicators of achievement, as well as in participatory evaluations.

Concern will identify existing capacity and use locally available resources from the start of each initiative.

Concern will aspire to deliver the best quality response possible in any disaster situation, including the meeting of the Minimum Standards in Disaster Response as developed by the Sphere Project.2

Concern will focus on:

**Emergency Relief**

Concern has developed preparedness for emergency health and nutrition response, and will act either directly or in collaboration with other key stakeholders, including national actors and Alliance 2015 partners. Concern will respond to situations caused by natural disasters and by conflicts and will focus on:

- Response to epidemics of diseases, such as measles, cholera and other diarrhoeal diseases, meningitis, typhus, malaria and polio, until control has become effective.
- The food security of affected populations.
- Environmental health issues.
- Mother and child health (MCH).

Concern will only undertake the role of service provider until local systems are strengthened to meet health care needs.

**Rehabilitation – Transition**

Concern will continue to link relief and development by supporting health transition programmes from emergency health towards sustainable health.

Concern will:

- Support the rehabilitation of health infrastructure where sustainability of services can be assured.
- Re-equip health facilities and staff with resources and skills to re-establish quality services which can be sustained.
- Support the transition from short-term food supply to longer term food security within a livelihoods framework.
- Move towards the establishment of comprehensive environmental health activities.

**Development Programmes**

Concern will base programme design on a full analysis of all aspects of health needs and health systems. Programme design will aim for sustainability and local ownership, and therefore all health interventions (including those for HIV/AIDS) will go through the national system rather than in parallel structures.

Concern will focus on:

- The key elements of Primary Health Care.
- Capacity building and institutional strengthening through partnerships.
- Assisting our beneficiaries to advocate for the changes in national policy that they demand.

**Development Education and Advocacy**

Activities in these areas will focus on supporting people’s prioritisation of their entitlement to basic health rights, as outlined in Concern Worldwide’s Strategic Plan 2002-2005.

Key issues which they are likely to choose from are:

- Health as a fundamental human right.

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1. The Sphere Project (2000), Humanitarian Charter and Minimum Standards in Disaster Response is a collaborative effort designed to increase the effectiveness of humanitarian assistance to make humanitarian agencies more accountable.
• Access to an adequate and balanced diet as a fundamental right.

• Equitable access to health services.

• Adequate and sustained human and financial investment for health.

• Improvement of health service quality.

• Gender and reproductive health rights.

• Environmental health rights, including the right of access to safe water.

• Rights of people living with HIV/AIDS, including increased access to HIV anti-retrovirals and drugs to treat opportunistic infections.

• Health-related issues, e.g. gender equality, hunger, water, debt relief, banning land mines, environmental protection, child rights and fair trade.

Concern health staff will support and collaborate with development education and advocacy personnel on all issues of mutual interest in the promotion of health at programme and head office level.

5.5 Intervention Areas

As an international NGO, Concern can intervene by providing a partner agency with funds, by providing health expertise or by a combination of these two. We can find a partner either in the state sector or in the private sector. While we recognise that the private sector can provide excellent services to higher income people, particularly in urban areas, our preference is to provide funds and expertise to the state sector while ensuring that such services are provided as a right to people who need them. If Health Ministries request our assistance, we will be particularly responsive in the following areas:

**General Health**

Concern will endeavour to meet the priorities of target populations and to support the quality delivery of eight key elements of Primary Health Care. Concern recognises that mental and oral health are important elements of PHC, but because the people we work with rarely prioritise mental or oral health, Concern will not normally engage in these areas except in emergency situations.

Emphasis will be put on:

• Information, education and communication (IEC) to protect health.

• Communicable disease control, in particular, HIV/AIDS prevention.

• Prevention and management of non-communicable diseases.

• Health system development.

Health education and promotion activities will aim to enable individuals and communities to improve and maintain their health status.

Improving the performance of health systems will concentrate on four key functions, as outlined by the WHO (2000):

• Service provision.

• Resource generation.

• Financing.

• Stewardship.

Concern believes that it is important to collaborate with and support traditional health care providers and systems in their positive health practices, particularly where poorest populations have limited access to government and private services, or where the sustainability of formal health systems is unpredictable.

It is Concern’s preferred option not to be directly operational, but to collaborate and work alongside implementing partners, building their capacity for service delivery.

**Nutrition**

Within the context of the need to save life, Concern’s work is based on the highest quality needs assessments possible. This is to make efficient use of existing local resources and knowledge, and to target external resources to those most in need.
Emergency interventions range from general and supplementary food distributions to centre-based therapeutic care. Concern will seek to develop systems of community-based therapeutic care so as to maximise coverage of those suffering malnutrition.

In longer term developmental work, nutrition surveillance will be an integral part of food security monitoring. Nutritional interventions will be co-ordinated with longer term interventions to enhance food production. This work will be undertaken within a livelihoods framework.

A critically important part of all Concern’s nutrition work will be to support government health services in the training of mothers in the management of their families’ nutrition.

Concern recognises the importance of breast feeding in child nutrition and will take steps to promote it within the constraints posed by maternal HIV/AIDS infection.

Environmental Health
The intervention of partners will be supported in:

- Water supply.
- The disposal of excreta, liquid and solid waste.
- Vector control.
- Shelter and site planning.
- The promotion of hygiene.
- The control of pollution, with particular emphasis on indoor air pollution.

Technologies chosen will be simple to use, low cost and appropriate. Particular attention will be paid to integrating the management of water supply, sanitation and hygiene promotion.

All water supply programmes must be integrated into wider level water resources management so as to protect the environment.

Concern will look for community contributions in relation to capital costs and complete cost recovery concerning operating and maintenance costs. Such mechanisms must be developed so as not to exclude those who cannot afford to pay.

All water supply programmes will aim to ensure access to water fit for human consumption in accordance with standards such as WHO Guidelines on drinking water quality or the Sphere Standards. The quantities provided must relate to these standards and prevailing climatic and cultural conditions.

5.6 Programme Approach
Programmes will be designed on progressive principles, including standardisation, co-ordination, community participation, capacity building, integration, inter-sectoral collaboration, equity and access.

- Programme interventions will be based on relevant research, participatory assessment and analysis, locally agreed Ministry of Health standards and appropriate international standards.
- Cost recovery programmes will only be supported if exemption criteria for the most vulnerable can be guaranteed (otherwise poorest people’s access to care will be compromised).
- Concern retains a tolerant, broad-based definition of sustainability in concordance with La Fond, who defines it as ‘the capacity of a health system to function.’

Concern believes that long-term health security is only achieved if people improve their knowledge and capacity for better health.

Concern will focus on the following:

- Helping to build the capacity of government, international, local agency and community-based health service providers.
- Facilitating the empowerment of people towards better health.
- Participation of stakeholders at all stages in the project cycle.
- An inter-sectoral approach to health.
• A population-based approach where the needs of all are considered, but primacy is given to the poorest.

• Gender equality.

• Behavioural change through health promotion and education.

Strengthening institutional capacity will focus on four strategic areas:
• Management capacity.
• Technical support.
• Community approaches.
• Co-ordination and linkages.

Technical and management training of appropriate health staff will be an important component in all PHC programmes.

All programmes will be designed with a view to achieving sustainable benefits. In addition to the key approaches listed above, this will be achieved by:

• Seeking approval from all appropriate levels of government.

• Agreeing Memoranda of Understanding with local authorities and delivery agents with whom Concern has a working relationship.

• Availing of and maximising the use of local resources.

• Motivation of all partners for health action.

• Addressing problems of both service delivery and low community demand for services.

• Managing exit strategies based on achievements, which will be monitored throughout the intervention by relevant stakeholders.

With respect to advocating and promoting health and nutrition, Concern Worldwide endorses the following:

• UN 1948 Universal Declaration of Human Rights.

• UN Convention on the Rights of the Child.

• WHO 1978 Alma Ata definitions for ‘Health’ and ‘Primary Health Care’.

• WHO standards for public health.

• WHO’s recommended essential drug list and use of generic medicines.

• Ottawa Charter on Principles for Health Promotion and Behaviour Change (1986).


• Support of WHO Global Targets to 2020.

• Principles of the International Conference on Water and the Environment (Dublin, 1992) and the Earth Summit (Rio, 1992).

• Sphere’s Humanitarian Charter and Minimum Standards in Disaster Response.

• IRC/RC Code of Conduct.

• People in Aid’s Code of Best Practice in the Management and Support of Aid Personnel.

• Support for the 2015 International Development Targets.

6. Policy Monitoring and Review Process

The implementation of this policy will be monitored through a range of instruments such as programme, country and sector evaluations.

Concern recognises that both internal and external environments change. Such change may have a bearing on the scope and content of this policy. Consequently, it will be reviewed periodically. The review process will be consultative and participatory in nature. The responsibility for initiating the policy review process rests with Concern’s Senior Management and Council.
References

General Policies

- Structure and Policy of Concern
- How Concern Targets Countries for Poverty Elimination
- Concern’s Approach to Emergencies
- Security

Programme Approach Policies

- Capacity Building
- Human Rights
- HIV/AIDS
- Advocacy
- Equality (including gender equality)

Programme Sector Policies

- Microfinance
- Health
- Basic Education
- Livelihood Security

Resource Policies

- Finance
- Human Resources
- Logistics
- Marketing

Programme/Project Management Policies

- Project Cycle Management
- Programme Monitoring and Evaluation

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