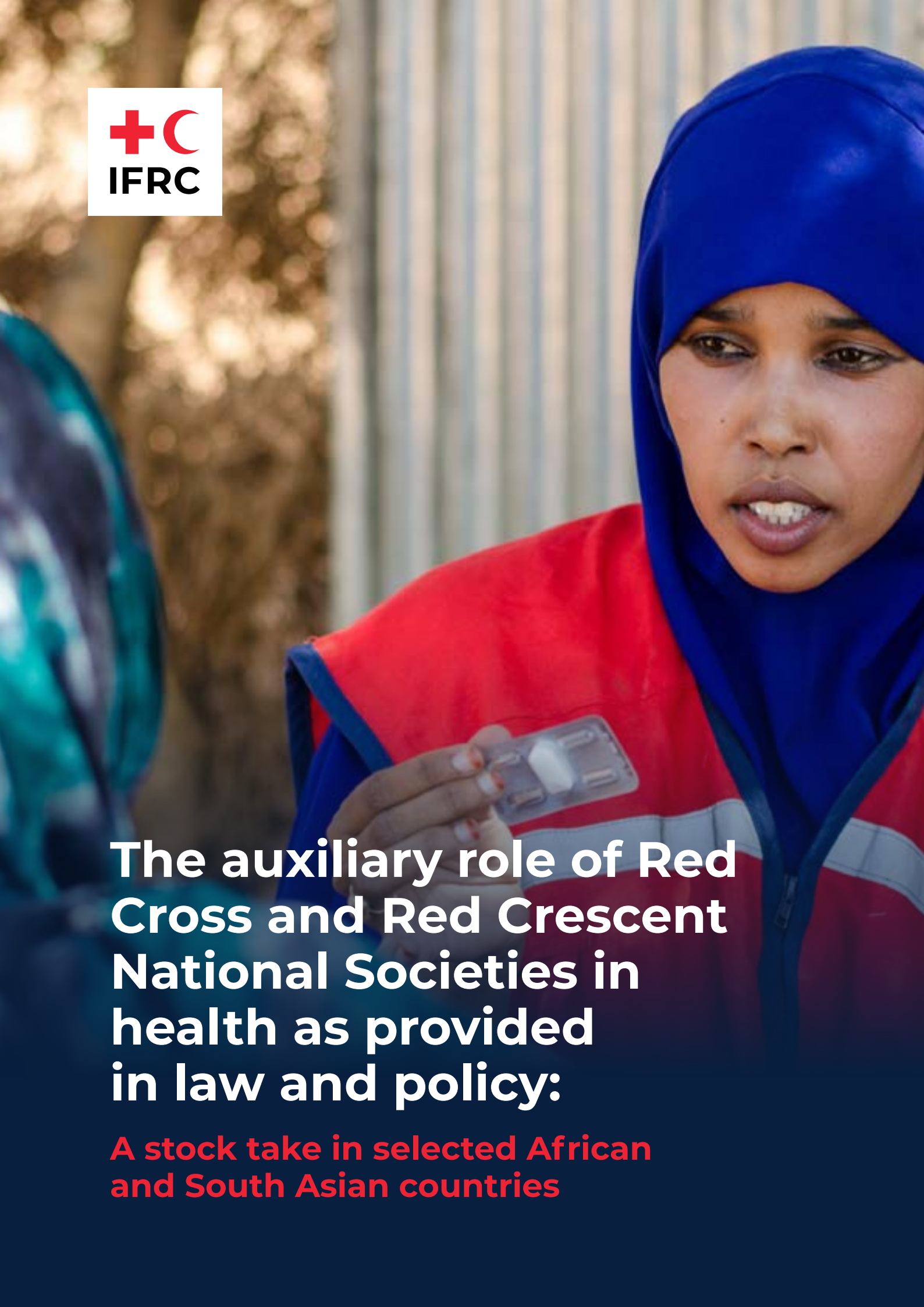

The auxiliary role of Red Cross and Red Crescent National Societies in health as provided in law and policy:

A stock take in selected African and South Asian countries

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Contents

EXECUTIVE SUMMARY

Red Cross and Red Crescent (RCRC) National Societies (NSs) benefit from a special status as auxiliaries to the public authorities in the humanitarian sector. The legal foundation of the auxiliary role is typically enshrined in national laws, policies and plans. However, core areas of intervention of NSs are not always defined in laws and policies. Therefore, it is key to examine the extent to which the auxiliary role in the selected countries is defined in national frameworks in order to advocate for and promote the strengthening of the auxiliary role through laws and policies.

Given that health is one of the core areas of work of most NSs, it is vital to strengthen and consolidate the auxiliary role in this sector to ensure effective delivery of assistance to the most vulnerable, while contributing to the prevention and preparedness of communities in the face of public health emergencies. Key findings from this study reveal that the auxiliary role in health is often not clearly defined in laws and policies. Recognition mainly occurs in sectoral policies rather than national legislation. However, these are often provided in broad terms and lack specificity. Thus, the auxiliary role in health could be enhanced through further dissemination of the auxiliary role to public authorities and strengthened collaboration by:

a) promoting the revision and update of RCRC Laws to include clear definitions of the auxiliary role in different areas of intervention, including regular health and care and emergency health;

b) promoting and leading the elaboration of MoUs in collaboration with the MoH to strengthen their collaboration in the area of health; and

c) promoting the integration of dedicated provisions to define the auxiliary role in health in relevant sectoral laws, policies and plans, to formally recognize their contributions in this sector, and

d) ensuring participation and representation of NSs in health coordination mechanisms and decision-making bodies.

1. INTRODUCTION

The auxiliary role of NSs is designated to support public authorities by substituting or supplementing for public humanitarian services, while acting in conformity with the Fundamental Principles of the Red Cross and Red Crescent Movement. The auxiliary status is permanent, integral to the legal foundation of every NS and typically enshrined in domestic law, wherein the Government formally recognizes the NS as a voluntary aid society, auxiliary to the public authorities in the humanitarian field. The auxiliary role currently encompasses a diverse range of activities across various sectors, including both emergency and non-emergency settings, and in times of war and peace,[1] and it has been defined as

> *"a specific and distinctive partnership, entailing mutual responsibilities and benefits, based on international and national laws, in which the national public authorities and the National Society agree on the areas in which the National Society supplements or substitutes public humanitarian services [...]"*[2]

As NSs stand as autonomous, impartial, and neutral humanitarian entities, they hold a unique role and status within the humanitarian sector. Comprised of staff and volunteers, NSs offer diverse services ranging from disaster relief and epidemic management, to development initiatives, assistance to victims of armed conflicts, migrants and other vulnerable groups, first-aid training and services, pre-hospital care, ambulance services, and safe and dignified burials. By fulfilling their auxiliary role, NSs can effectively assist the most vulnerable populations while supporting public authorities in the humanitarian and development field. Their unique auxiliary role also allows NSs to influence decision-making

[1] IFRC Health and Care Framework 2030, page 13.
[2] Resolution 2, 30th International Conference of the Red Cross and Red Crescent, 2007.

processes, bringing their expertise to the legal sphere. In light of this, laws, policies and agreements are key in defining the relationship between NSs and their governments. Therefore, in order obtain the ability to fulfil their mandate in the humanitarian field, the auxiliary role can be strengthened and enhanced by including dedicated provisions in sectoral laws, policies and plans, clarifying the roles and responsibilities of NSs and public authorities, as well as ensuring that NSs are included in relevant decision-making and coordinating bodies.

In December 2019, Resolution 3 "Time to act: Tackling epidemics and pandemics together" (33IC/19/R3) was adopted during the 33rd International Conference of the Red Cross and Red Crescent. Essentially, this resolution aims to support the components of the International RCRC Movement in implementing a structured, comprehensive, predictable and coordinated approach to epidemic prevention, detection, response and recovery in close cooperation with States and other partners.[3] It embodies an acknowledgment of the risk posed by disease outbreaks and is a significant step forward in reaching sustained progress towards improved capacity.[4] The Resolution recognizes that epidemics are often a symptom of underlying weaknesses in the health system and of poverty and inequity, and that the overarching direction of improved epidemic response is, therefore, grounded in strengthening resilience and building capacity at all levels, including in communities, NSs and governments and within the humanitarian architecture. To this end, the Resolution facilitates the development of a common vision, approach and commitment to working together within countries and across borders to ensure maximum impact of all epidemic control investments and successful detection, control and response activities, ultimately saving lives and building health resilience with and in the most vulnerable communities.

In terms of the NSs' auxiliary role, the Resolution encourages States to include NSs, according to their mandate, capacities and as humanitarian auxiliaries to their public authorities, in national disease prevention and control and multisectoral preparedness and response frameworks and, where possible, to provide funding in support of their role in this regard.[5] Furthermore, it encourages NSs to work with their public authorities, in their State's efforts to comply with the International Health Regulations; ensuring that special provisions are effectively in place for the efficient and expedited delivery of a public health response for affected populations during crisis situations; coordinating with other local and international organizations and focusing, in particular, on building early warning and rapid response capacity in hard-to-reach, vulnerable, underserved and high-risk communities.[6] Lastly, the Resolution reiterates the importance of prioritizing and investing in prevention and preparedness as well as providing catalytic funding to support early action, including by NSs.[7] An online platform has been established to encourage all the parties to the International Conference to submit progress reports reflecting the efforts made under the framework of Resolution 3.

Another resolution of relevance to this study, also adopted on the 2019 International Conference, is Resolution 2 "Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies" (33IC/19/R2). This Resolution calls on all components of the Movement, as well as all States parties to the Geneva Conventions, to increase efforts to ensure early and sustained access to mental health and psychosocial support services by people affected by armed conflicts, disasters and other emergencies. It also encourages National Societies and States to strengthen their cooperation in this field.

In addition, the IFRC published, in 2021, the Global Health Security white paper with the aim to provide a set of guidelines to better prevent, detect and respond to global health threats by creating resilient communities and resilient NSs. The white paper proposes actions to strengthen the NSs' auxiliary role around three areas, including information and knowledge management, health infrastructure and

[3] 33IC/19/R3, page 2.
[4] 33IC/19/R3, page 3.
[5] 33IC/19/R3, page 2.
[6] 33IC/19/R3, page 3.
[7] 33IC/19/R3, page 3.

logistics, and human and financial resources.[8] Specific actions include working with partners to collect, share and use data effectively; strengthening RCRC network internal systems; preparing health services and logistics managed by NSs; conducting Preparedness for Effective Response (PER) assessments; strengthening operational capacities of NSs; training first response teams; and providing overall technical support and advocacy.[9]

Over the past five years, IFRC Disaster Law has conducted desktop mappings to understand how the auxiliary role of NSs is reflected in legal and policy frameworks. More recently, auxiliary role mappings of NSs which are part of the IFRC Community Epidemic and Pandemic Preparedness Programme (CP3) have been completed as a joint collaboration between CP3 and IFRC Disaster Law, including a detailed examination of the auxiliary role in emergency health. The mappings cover a range of topics including the legal foundation of NSs, legal facilities assigned to NSs in law and policy, and the role of NSs in disaster management, health, civil-military relations, and migration. The purpose of the mapping exercise is to support NSs assess potential areas of focus, resource needs, and advocacy strategies to carry out their mandate and to strengthen their auxiliary role based on their knowledge, experience and priorities.

In particular, the auxiliary role mappings reveal that health-related activities are a core area of work of many NSs. The mapping exercise of NSs' auxiliary role in health has been divided in two main areas: regular health and care and emergency health. However, it should be noted that the examination of the auxiliary role in emergency health is currently limited to CP3 NSs in Africa (Kenya, Uganda, Guinea, Democratic Republic of the Congo (DRC), Cameroon and Sierra Leone), and is therefore not representative of all the mappings included in this study. Nevertheless, given that the auxiliary role in health is important because it defines the specific health and care responsibilities of a NS and its relationship with the public health authorities, a comprehensive review of provisions on emergency health is strongly recommended for future auxiliary role mapping exercises.

Furthermore, a study has recently been conducted by IFRC Disaster Law to take stock of general trends of how the auxiliary role is enshrined in law and policy in the Africa region in all the sectors mentioned above. However, the primary emphasis of this study will be placed on the auxiliary role in health, aiming to pinpoint the strengths and weaknesses of the auxiliary role of seventeen selected NSs[10] in Africa and South Asia within the health sector, under the framework of Resolution 3 (33IC/19/R3). For additional details on the auxiliary role in other sectors, please refer to the broader study conducted by IFRC Disaster Law in the Africa region, as well as the individual mapping document of each country.

The sections below summarize the findings and general trends identified in laws and policies with respect to the auxiliary role of NSs in health. In addition, two sections have been included to address the legal foundation of RCRC Societies and the legal facilities relevant to health, ensuring comprehensive coverage and clarity in the study.

[8] Global Health Security, IFRC 2021, page 8.
[9] Global Health Security, IFRC 2021, page 8.
[10] Bangladesh, Burkina Faso, Cameroon, Chad, DRC, Eswatini, Guinea, Kenya, Madagascar, Malawi, Mali, Niger, Republic of the Congo, Sierra Leone, South Sudan, Uganda, Zambia.

Table 1. List of National Societies included in this study

	COUNTRY	NATIONAL SOCIETY
1	Bangladesh	Bangladesh Red Crescent Society
2	Burkina Faso	Burkinabe Red Cross Society
3	Cameroon	Cameroon Red Cross Society
4	Chad	Red Cross of Chad
5	DRC	Red Cross of the DRC
6	Eswatini	Baphalali Eswatini Red Cross Society
7	Guinea	Guinean Red Cross Society
8	Kenya	Kenya Red Cross Society
9	Madagascar	Malagasy Red Cross Society
10	Malawi	Malawi Red Cross Society
11	Mali	Mali Red Cross
12	Niger	Red Cross Society of Niger
13	Republic of the Congo	Congolese Red Cross Society
14	Sierra Leone	Sierra Leone Red Cross Society
15	South Sudan	South Sudan Red Cross Society
16	Uganda	Uganda Red Cross Society
17	Zambia	Zambia Red Cross Society

2. LEGAL FOUNDATION OF NATIONAL SOCIETIES AND HEALTH

The legal foundation of a NS may manifest through various types of legal instruments, including laws, decrees or ministerial orders, depending on a country's specific legal system. For the purpose of this study, they will be referred to collectively as RCRC Laws. RCRC Laws comprise the legal establishment of NSs wherein a country's government formally recognizes the NS as auxiliary to the public authorities, and addresses a range of other foundational issues. A common feature in RCRC Laws is the reference to the independence and voluntary nature of the NS, as well as to the Fundamental Principles, although clear definitions of the Fundamental Principles is not usually set out.

The mappings referenced in this study reveal that the auxiliary role of NSs is recognised in all the RCRC Laws, though a clear definition of the term is not commonly provided. Some RCRC Laws set out the objectives of the NS in general terms, however this does not appear to be a common feature. This is also true for the legal facilities, which are not generally laid out in RCRC Laws. This topic will be explored in further detail below. Furthermore, based on the desktop research conducted, RCRC Laws appear to be generally very old, averaging 44 years old with a date range from 1961 to 2020. As a result, many of these documents are likely outdated and might not accurately depict the current auxiliary status of NSs in their countries.

Although most RCRC Laws recognize the auxiliary role to the public authorities and, in some instances, to the military health services, provisions relating to the role of NSs in health-related activities are rather limited. However, the mapping exercise indicates that, in some cases, RCRC Laws contain indirect mentions to health activities such as the provision of aid to the sick and wounded in times of war, or assistance in the work for the improvement of health, prevention of disease, and mitigation of suffering. On the other hand, NSs' functions, organisational structure and operations are commonly governed by their RCRC Statutes or Constitution. In certain instances, the Statutes are incorporated within the RCRC Law, while in other instances, they serve solely as an internal guiding document for the NS. The review of a number of Statutes from the different NSs demonstrates that the Statutes are considerably more

detailed than the vast majority of RCRC Laws, outlining the mandate, roles and responsibilities of NSs, including specific health-related activities such as the management of blood transfusion services, vaccination programmes and training of first aid and health personnel.

It should be noted that, while RCRC Laws create the legal foundation of NSs, sectoral laws, policies and plans are equally as important in elaborating the auxiliary role in health. More specifically, sectoral laws, policies and plans may be beneficial if they clearly outline the auxiliary role, allowing NSs to engage in long-term planning, and developing their institutional expertise and advocacy for legal facilities and funding.[11]

In practice, all NSs included in this study play a key role in the area of health, although this is not always reflected in RCRC Laws and/or Statutes. Since their initial recognition by the International Committee of the Red Cross (ICRC), each NS has consistently demonstrated this characteristic. Letters of recognition issued by the ICRC commonly acknowledged the active engagement of NSs in health-related initiatives within their respective communities, predating their official recognition. These activities included:

- the management of medical establishments, leper hospitals, paediatric and blood transfusion centres;
- recruitment of blood donors;
- training of first aid, nursing and voluntary workers;
- assistance in disasters of any kind;
- home care and hygiene;
- assistance to the people in need;
- improvement of health conditions and disease prevention activities;
- welfare of orphans;
- medical assistance to mothers and infants;
- distribution of milk to children;
- assistance to the elderly and persons with disabilities;
- assistance to prisoners;
- information seminars nationwide;
- assistance to tubercular patients;
- aid to refugees; and
- first aid in mining regions.[12]

Taking this into account, NSs commonly elaborate their own internal strategic and planning documents to guide the management of health-related activities, including but not limited to first aid services or epidemic management. These internal documents usually provide a more comprehensive framework defining the role and responsibilities of a NS within the area of health. In order to strengthen collaboration with public authorities, NSs may sign a Memorandum of Understanding (MoU) with their Ministry of Health (MoH), for instance, to clearly define their strategic partnership in health. This will be explored in further detail below.

[11] IFRC, Guide to strengthening the auxiliary role through law and policy, 2021, page 32.
[12] ICRC Letters of recognition of newly admitted National Societies: DRC, Madagascar, Niger, Congo, Malawi, Eswatini, Chad, Guinea, Kenya, Sierra Leone, Cameroon, Zambia and Uganda.

3. THE AUXILIARY ROLE IN HEALTH

The IFRC Health and Care Framework 2030 highlights that, although global public health indicators are showing a continuous improvement across communities, factors such as climate change, natural hazards, changing demographics, displacement and urbanisation are exacerbating global health risks, changing disease distribution, leading to infectious disease outbreaks and adversely impacting the well-being of populations.[13]

Recently, the outbreak of the COVID-19 pandemic demonstrated the important role of law in responding to public health emergencies (PHEs), as well as the need for clear definitions of roles and responsibilities in this regard. During the pandemic, countries around the world declared states of emergency or disaster, passed reams of emergency legislation and dusted off existing laws, policies and contingency plans. Considering that RCRC Societies worldwide play a key role in PHE response and emergency medical services – aside from regular health and care/pre-hospital services –, it is of high relevance to examine and strengthen the extent to which their auxiliary role is defined in laws and policies.

3.1 REGULAR HEALTH AND CARE

In general terms, regular health and care services comprise all those services provided in non-emergency settings. They include, among others, blood donation programmes, first aid training, social services, ambulance services, and RCRC representation at relevant decision-making bodies and national and/or sub-national level. As stated above, some RCRC Laws include provisions relating to the auxiliary role in health,[14] although they tend to be very broad and lack specificity. More specifically, some of these RCRC Laws contain provisions on the general improvement of health and first aid training,[15] while other RCRC Laws recognize the auxiliary role in blood donation programmes,[16] home care,[17] and ambulance services.[18] However, it should be noted that NSs from many other countries are strongly committed to the provision of health care services in coordination with their respective MoH, including first aid, blood transfusion, social services and ambulance services as reflected in annual activity reports and RCRC internal documents.[19] This is a common characteristic among NSs, although not necessarily reflected in the law.

For example, the **Bangladesh** RCRC Law of 1973 identifies a wide variety of health-related activities in which the NS is involved, including the management of a total of 71 health, maternity and child institutions, training in nursing and first aid, ambulance services, and provision of relief in disasters and epidemics.[20] However, it should be noted that this law was adopted in 1973 and, therefore, it might not depict the current activities of the NS as they might have evolved since.

In terms of sectoral laws and policies comprising national public health frameworks, the role of NSs was identified in at least eight countries.[21] In **Uganda**, for instance, the National Emergency Medical Services Policy (EMS Policy) of 2021, which serves as a guide for pre-hospital care, emergency communication and dispatch systems and acute critical care in hospitals,[22] identifies the Uganda Red Cross Society (URCS) as

[13] IFRC Health and Care Framework 2030, page 4.
[14] For example, the following RCRC Laws: Bangladesh Red Cross Society Order, Presidential Order n° 26 1973; Burkinabe Red Cross Society Decree 1962, Decree n° 262/PRES/IS-DI/SPP; Baphalali Swaziland Red Cross Society Act 1970; Guinea Red Cross Society Decree 1986, Decree n° 006/PRG/86; Kenya Red Cross Society Act 1965; Malawi Red Cross Society Act 1966; Sierra Leone Red Cross Society Act 1962; South Sudan Red Cross Society Act 2012; Uganda Red Cross Act 1964, Uganda Red Cross Society Bill 2021; and Zambia Red Cross Society Act 1966.
[15] RCRC Laws of Bangladesh, Eswatini, Malawi, Uganda and Zambia.
[16] South Sudan Red Cross Society Act, 2012.
[17] Malawi Red Cross Society Act, 1966.
[18] Presidential Order n° 26, 1973, Bangladesh Red Cross Society Order.
[19] Cameroon, DRC, Guinea, Kenya, Madagascar, Niger, Republic of the Congo, Sierra Leone, South Sudan and Uganda.
[20] Presidential Order n° 26, 1973, Bangladesh Red Cross Society Order.
[21] Bangladesh, DRC, Eswatini, Malawi, Sierra Leone, South Sudan, Uganda and Zambia. However, it should be noted that the sectoral laws of certain countries may not have been available for review at the time of the mappings; and therefore, this number could be higher.
[22] Uganda EMS Policy, 2021, page x.

a key stakeholder in the health sector.[23] In addition, the URCS signed, in 2000, an MoU with the MoH to strengthen their collaboration and provide for the role of URCS as first responder in blood donations, first aid services, ambulance services and alert activation.

3.2 EMERGENCY HEALTH

Emergency health services in the context of NSs may include activities such as epidemic risk management, medical assistance during public health emergencies and disasters of any kind, safe and dignified burials (SDB), risk communication, public health surveillance, immunization, and participation and representation at relevant decision-making bodies such as One Health platforms, WASH or Health Clusters. It is relevant to underscore the important role of NSs in the management of safe and dignified burials, which constitutes a key element of good outbreak control interventions for specific diseases, as outlined in the IFRC Safe and Dignified Burial Guide 2019.[24]

Overall, RCRC Laws do not commonly include provisions which recognize the auxiliary role of NSs in emergency health, except for the case of Bangladesh, as stated above. In some cases, this is also true for laws adopted in emergency settings, such as during the COVID-19 pandemic, where emergency decrees did not explicitly mention the role of NSs in the COVID-19 response.[25] As a result, a practical challenge arising from the omission of NSs in emergency decrees was uncertainty about whether they were exempt from restrictions, classified as 'essential services' or 'front line workers' and, therefore, able to continue operations.[26]

However, although not reflected in the law, NSs in most countries included in this study play a key role in emergency health, as reflected in annual activity reports and RCRC Statutes. For instance, reports in **Madagascar** show that, during epidemic outbreaks, the Malagasy Red Cross Society (CRM) cooperates closely with the MoH in patient follow-up, psychosocial support, community mobilization campaigns, water, sanitation and hygiene (WASH), damage and needs assessments, first aid, shelter, food security and risk communication.[27]

In addition, the mappings reveal that NSs' role in emergency health is recognised in emergency response plans of at least five countries.[28] In **DRC**, the Disaster Relief Plan 2012, or ORSEC Plan, which is the main document defining a general procedure for managing disasters and emergencies in DRC and recognizing epidemics as one of the major threats to which the country is exposed,[29] highlights the role of the Red Cross of the Democratic Republic of the Congo (CRRDC) in provincial and local services, health and medical services, supply and stocks, and prevention activities among many other things. The CRRDC's role in epidemic risk management was also recognised in the National Preparedness and Response Plan for the Ebola Virus Disease Epidemic 2014, including activities such as WASH, evacuation, transportation of patients to the hospital, epidemiological surveillance and SDB. In line with this, the CRRDC has also elaborated a number of internal documents for PHE management.

In **Guinea**, the National Emergency Preparedness and Response Plan of 2022 identifies the Guinean Red Cross Society (CRG) as a key partner in the health sector and under epidemic outbreaks, involved in activities just as rapid needs assessments of the health situation, prevention and protection measures, epidemiological surveillance, provision of emergency medical services, vaccination and obstetric and neonatal emergency care.[30] Furthermore, the **Sierra Leone** National Disaster Preparedness and

[23] Uganda EMS Policy, 2021, page 35.
[24] IFRC Safe and Dignified Burial Guide, 2019, page 11.
[25] IFRC COVID-19 Emergency Decree Research 2020: Kenya and Uganda.
[26] IFRC, Law and Public Health Emergency Preparedness and Response: Lessons from the COVID-19 pandemic, 2021, page 99.
[27] Indian Ocean Regional Intervention Platform (PIROI), CRM COVID-19 report, page 1.
[28] Cameroon, DRC, Guinea, Sierra Leone and Uganda.
[29] DRC Disaster Relief Plan, 2012, page 25.
[30] Guinea National Emergency Preparedness and Response Plan, 2022, page 53-54, 74-75.

Response Plan of 2006 sets out that the Sierra Leone Red Cross Society (SLRCS) shall assist with first aid, disaster preparedness and response, relief, prevention of epidemics, surveillance, early warning systems, search and rescue, contingency planning, vulnerability and capacity assessment, and WASH.[31]

In **Uganda**, the URCS made significant contributions to the development of the National Action Plan for Health Security 2019-2023 (NAPHS). The NAPHS, designed in compliance with the International Health Regulations of 2005 (IHR), aims to strengthen the country's capacity to prevent, detect and respond to public health threats; to consolidate the collaboration and coordination mechanism for NAPHS implementation through application of multi-sectoral and one health approaches; and to map and align existing and potential domestic and external financing.[32] The URCS is identified as one of the key risk communication partners in the country in the NAPHS,[33] as well as one of the responsible entities in the preparedness and response to radiation emergencies and nuclear accidents.[34] In practice, the UCRS also plays an important role in the provision of SDB, especially during the recent outbreak of Ebola Virus Disease (EVD) in when the President guided that all deaths should be managed by trained burial teams.[35] Apart from ambulance services, risk communication, contact tracing, community-based surveillance and community engagement, the URCS conducted SDB for people who died due to Ebola or those who died with signs and symptoms.[36]

As stated above, an effective mechanism to consolidate the collaboration between NSs and their respective MoH in the provision of health services is the signature of an MoU. This is the case of **Cameroon**, where an MoU was signed, in 2012, between the Cameroon Red Cross (CRC) and the MoH to define the modalities of collaboration between the parties in terms of medical assistance and humanitarian support to victims of armed conflicts, emergencies and disasters.[37]

4. RCRC REPRESENTATION AT DECISION-MAKING BODIES

Ensuring RCRC representation in key decision-making and coordination bodies – as well as in One Health, WASH and Health Clusters – is crucial for the effective implementation of NSs' mandate. Participation in such bodies allows NSs to advocate for the needs of the most vulnerable and effectively meet their needs through communication and coordination with all relevant actors.[38] Representation is also key to open funding opportunities for health programmes of NSs.[39] Participation and representation may often be outlined in sectoral laws, policies, plans and agreements, although it is not always the case.

Overall, the mappings reveal that, in some countries, NSs may be invited to participate in relevant decision-making and coordination bodies, although representation is not legally mandated as the law that creates the body does not include the NSs as a permanent member. Therefore, it is preferable for laws to clearly identify NSs as members of decision-making and coordination bodies to ensure their seat at the table instead of awaiting a formal invitation.[40] Some examples of good practices include the following:

[31] Sierra Leone National Disaster Preparedness and Response Plan, 2006, page 11.
[32] Uganda National Action Plan for Health Security (NAPHS) 2019-2023, page 17.
[33] Uganda NAPHS 2019–2023, page 73.
[34] Uganda NAPHS 2019–2023, page 81.
[35] URCS community-based approaches see Uganda pass the 7th wave of EVD, 2023, [Online] Available in: https://www.redcrossug.org/index.php/publications/618-urcs-community-based-approaches-see-uganda-passed-the-7th-wave-of-the-ebola-viral-disease
[36] Uganda Red Cross in the Ebola Response, September 2022, 2022, [Online] Available in: https://www.redcrossug.org/index.php/publications/618-urcs-community-based-approaches-see-uganda-passed-the-7th-wave-of-the-ebola-viral-disease
[37] Cameroon Memorandum of Understanding, 2012, article 1.
[38] IFRC Guide to strengthening the auxiliary role through law and policy, 2021, page 34.
[39] IFRC Health and Care Framework 2030, page 14.
[40] IFRC Guide to strengthening the auxiliary role through law and policy, 2021, page 35.

- **Eswatini**: the Baphalali Eswatini Red Cross Society is a member of the Blood Transfusion Advisory Council, as provided by the National Blood Transfusion Service Policy 2010.
- **Malawi**: the Malawi Red Cross Society sits at the Malawi Blood Transfusion Service (MBTS) board as a member, as provided in the MBTS Constitution of 2004.
- **Uganda**: the Uganda Red Cross Society is part of the National Coordination Committee, as provided by the Emergency Medical Services Policy of 2021.

Based on consultations with RCRC focal points, other NSs also appear to enjoy participation in national health coordination structures in a more informal manner as it is not explicitly reflected in laws and policies. These include:

- **Sierra Leone**: the Sierra Leone Red Cross Society is part of the Technical Working Committee for hygiene and sanitation led by the MoH.
- **South Sudan**: the South Sudan Red Cross Society actively participates in specialized cluster periodic meetings at the MoH, as well as in cluster meetings for EVD at the national level with the MoH.
- **Zambia**: the Zambia Red Cross Society is part of a national health coordination mechanism in emergency response, particularly working in epidemics such as cholera, and benefits from a working arrangement with the MoH through which the government supports the NS with a subvention.

5. LEGAL FACILITIES

Due to the auxiliary status, NSs may enjoy legal facilities that assist them in performing their auxiliary role more effectively and efficiently. Legal facilities may take the form of legal rights, tax and customs duties exemptions, privileges and immunities for RCRC staff and volunteers, simplified and expedited regulatory processes such as visa waivers, freedom of movement and humanitarian access, and may be established by RCRC Laws, sectoral laws or Ministerial Letters.[41] It should be noted that including legal facilities in RCRC Laws may be beneficial as it applies to all of the NS's activities, while legal provisions within sectoral laws typically pertain solely to the particular context addressed by the relevant sectoral legislation.[42]

The findings of the mappings indicate that outlining legal facilities in RCRC Laws is not a common feature. Furthermore, even if a RCRC Law includes provisions regarding legal facilities, these are generally stated in broad terms, applicable to all activities carried out by the NS. Therefore, legal facilities tend to lack clarity about their applicability to health-related activities. For instance, RCRC Laws in **DRC**, **Sierra Leone** and **Uganda** provide that their NSs shall be exempt from all taxes and duties, although these exemptions are not automatic. While these waivers and exemptions have the potential to encompass health-related assets or imported medical goods, such applicability is not clearly outlined. The lack of clarity implies that the exemptions may not automatically extend to health-related activities, leading to questions about their effectiveness in such contexts.

Other NSs, including those from **Burkina Faso**, **Kenya**, **Madagascar** and **South Sudan** may access legal facilities through sectoral laws, such as national customs codes or general tax codes, which set out general exemptions of tax and customs duties for NSs. However, in other cases like **Eswatini**, **Guinea, Malawi**, **Niger** and **Zambia**, legal facilities are made available to a category of organizations rather than to NSs specifically. Such categories may be defined as "charitable/humanitarian organizations" or "first responders" and, therefore, whether the NS is entitled to these facilities is not explicitly set out.[43]

[41] IFRC Guide to strengthening the auxiliary role through law and policy, 2021, page 39-40.
[42] IFRC Guide to strengthening the auxiliary role through law and policy, 2021, page 40.
[43] IFRC Guide to strengthening the auxiliary role through law and policy, 2021, page 40.

Furthermore, regional frameworks applicable to the selected countries may contain relevant provisions. For instance, the Customs Code of the Economic and Monetary Community of Central Africa (CEMAC)[44] provides that products intended for the Red Cross and similar works of assistance or national relief, specially designated by the MoH of the State concerned, shall be admitted free of import duties and taxes.[45] Other frameworks such as the East African Community (EAC)[46] Customs Management Act, and the Customs Code of the Economic Community of West African States (ECOWAS)[47] contain general provisions on legal facilities assigned to humanitarian actors and do not specifically mention NSs.

6. KEY FINDINGS AND RECOMMENDATIONS

Based on the desktop research conducted, combined with consultations with RCRC focal points, the auxiliary role of NSs in health appears to be widely understood by RCRC staff and volunteers in practice, although not necessarily fully reflected in laws and policies. The legal foundation of all RCRC Societies included in this study is established by constituting laws (RCRC Laws), which recognize them as voluntary aid societies, auxiliary to the public authorities. However, the auxiliary role is not often spelt out in RCRC Laws, especially those that are significantly outdated. Thus, specific roles and responsibilities in regular health and care and emergency health is not commonly outlined in RCRC Laws. It is, however, reflected in some RCRC Statutes and internal RCRC strategic and planning documents and reports. In terms of national frameworks, the auxiliary role in health is mainly recognized and/or defined in sectoral policies and plans rather than in national legislation. Furthermore, legal facilities are most commonly set out in broad terms in RCRC Laws and sectoral legislation and not specifically for each area of work. In light of this, further dissemination of NSs' role and mandate in health to public authorities at different levels might strengthen their collaboration. In addition, the regulation of the auxiliary role could be strengthened by:

a) promoting the revision and update of RCRC Laws to include clear definitions of the auxiliary role in different areas of intervention, including regular health and care and emergency health;

b) promoting and leading the elaboration of MoUs in collaboration with the MoH to strengthen their collaboration in the area of health; and

c) promoting the integration of dedicated provisions to define the auxiliary role in health in relevant sectoral laws, policies and plans, to formally recognize their contributions in this sector, and

d) ensuring participation and representation of NSs in health coordination mechanisms and decision-making bodies.

Advocacy efforts should always be performed in conformity with the Fundamental Principles, in particular to those of neutrality and independence. In support to this, there are a number of tools elaborated by the IFRC to guide NSs in strengthening their auxiliary role through law and policy. These include the Model MoU to be signed between NSs and their MoH, the Model Pre-Disaster Agreement, the RCRC Model Law – which serves to guide the revision and update of RCRC Laws in line with the standards agreed by the Movement –, the Advocacy Toolkit and the Guide to Strengthening the Auxiliary Role through Law and Policy (the Guide), a tool developed by IFRC Disaster Law which can be used by NSs to evaluate their existing RCRC Law and identify potential areas for improvement. This study has revealed that many of the RCRC Laws included in this study do not meet the requirements of the RCRC Model Law and, therefore, NSs are strongly encouraged to use these tools in their advocacy efforts.

[44] CEMAC Member States: Cameroon, Central African Republic, Chad, Equatorial Guinea, Gabon, Republic of the Congo.
[45] CEMAC Customs Tariff Code, article 276.
[46] EAC Member States: Burundi, Kenya, Rwanda, South Sudan, Tanzania, Uganda.
[47] ECOWAS Member States: Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo.

THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.