

# Guidance note for strengthening National Societies' auxiliary role in the field of health and care through legal and regulatory frameworks

## 1. Purpose and scope of this guidance note

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This document aims to provide [National Red Cross and Red Crescent Societies](#) with guidance on how to strengthen their auxiliary role in health and care through laws, policies, strategies, plans and agreements, to effectively fulfil their humanitarian mission and to complement governmental efforts in this sector. This document builds upon the IFRC's [Health Policy](#) adopted by the 24<sup>th</sup> session of the General Assembly (23-25 October 2024), as well as [Resolution 2](#) ("Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies") and [Resolution 3](#) ("Time to act: Tackling epidemics and pandemics together") of the 2019 International Conference of the Red Cross and Red Crescent. It should be noted that, although this document places special focus on the auxiliary role in health and care, the auxiliary role is a broader status that brings advantages to National Societies in all their areas of intervention.

## 2. The auxiliary role of National Societies and its legal base

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### 2.1. Understanding the auxiliary role

The auxiliary role is an integral aspect of National Societies' identities and entails that they are designated to support public authorities by substituting or supplementing for public humanitarian services, while retaining their autonomy and acting in conformity with the Fundamental Principles of the Red Cross and Red Crescent (RCRC) Movement. For this reason, **National Societies have a responsibility to consider any requests from the public authorities to conduct humanitarian activities, while public authorities must always recognize the independence of National Societies and refrain from making requests that contradict the Fundamental Principles of the Movement.**<sup>1</sup> The auxiliary role often encompasses a diverse range of activities across various sectors, including both emergency and non-emergency settings, and in times of armed conflict and peace.<sup>2</sup> The auxiliary role 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 [...]"*<sup>3</sup>

This unique auxiliary role allows National Societies to influence decision-making processes, bringing their expertise to the legal sphere, and can allow a National Society to access legal facilities for the efficient and effective implementation of their humanitarian activities.

### 2.2. Legal base of National Societies

The legal base of National Societies is based on several international and national laws and instruments, including the Geneva Conventions and their Additional Protocols, the [Statutes of the International Red Cross and Red Crescent Movement](#), resolutions of the International Conference of the Red Cross and

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<sup>1</sup> Statutes of the International Red Cross and Red Crescent Movement, adopted by the 25<sup>th</sup> International Conference of the Red Cross in 1986, amended in 1995 and 2006, article 2(4).

<sup>2</sup> IFRC Health and Care Framework 2030, page 25.

<sup>3</sup> Resolution 2, 30th International Conference of the Red Cross and Red Crescent, 2007.

Red Crescent, Red Cross and Red Crescent (RCRC) Laws and sectoral laws. The last two instruments listed are of particular relevance to this guidance note.

The auxiliary role is permanent and normally enshrined in a National Society's RCRC Law, which is typically the instrument that constitutes the legal foundation of the National Society, wherein the Government formally recognizes the National Society as a voluntary aid society, auxiliary to the public authorities in the humanitarian field. Note that for the purpose of this guidance note, these instruments will be referred to as RCRC Laws but they may also be called a decree or order, depending on a country's specific legal system.

**RCRC Laws** are typically the legal instrument that:

- establishes a National Society,
- recognizes its auxiliary role,
- defines its nature, duties and key activities, and
- enshrines the Fundamental Principles and the protection of its emblem.

Further to this, RCRC Laws may also endow National Societies with special legal rights or legal facilities, such as tax exemptions, volunteer protection and humanitarian access to support their humanitarian activities. It should be noted that **RCRC laws distinguish a National Society from non-governmental organisations**, which are typically registered rather than established by law. Furthermore, the auxiliary role can also be defined through laws, policies, plans and agreements across sectors of National Society intervention. Such sectors are context dependent and are subject to the work of a particular National Society and the humanitarian needs within a country, but may include areas such as health, disaster risk management, education, civil-military relations and migration.

**Sectoral laws** are essential in facilitating and empowering National Societies as auxiliaries to the public authorities in the humanitarian field because they can:

- assign specific roles and responsibilities to National Societies;
- specify their membership of key decision-making and coordination bodies, which allows National Societies to advocate for the needs of the most vulnerable;
- afford National Societies legal facilities in their key areas of interventions such as health and care; and
- define the expectations of their public authorities, allowing them to engage in long-term planning.

Furthermore, during crises situations – such as public health emergencies– **emergency decrees** may be adopted by governments. Explicit mentions of National Societies in emergency decrees can help prevent practical challenges related restrictions, classification as 'essential services' or 'front line workers', and the ability of National Societies to operate.

Lastly, **Memoranda of Understanding (MoU)** between National Societies and their Ministry of Health and other relevant Ministries formalize and consolidate their partnership. Such agreements are key for enhancing collaboration between National Societies and their public authorities, while acting in conformity with the Fundamental Principles. It should be noted that MoUs can be signed either for a specific period or for an indefinite timeframe, depending on the needs and agreements of the parties. When set for a specific period, or for a particular initiative, they may need to be revised and updated.

### 2.3. The auxiliary role in the health and care sector

IFRC's [Health Policy](#) "reaffirms the high commitment of National Societies and the IFRC to carrying out a broad scope of health activities for the most underserved and vulnerable populations, through access to communities and voluntary service. It builds on extensive experience in empowering communities and recognizes the

*increasing need to strengthen resilience, promote health and well-being, prevent disease outbreaks, and address public health challenges."*

While health is a vital public service primarily assumed by States, many National Societies provide health and care as well as water, sanitation and hygiene (WASH) services as part of their auxiliary role and thereby contribute to strengthening their country's health system. In fact, the origins of the auxiliary role lie in health, when National Societies were set up to provide medical assistance to those wounded in battle in support of their countries' military medical services. This role grew and evolved over time, including within and beyond the field of health and care.

As outlined in [IFRC's Health and Care Framework 2030](#), National Societies are well-placed to position themselves as reliable and sustainable complementary implementing partners alongside public authorities, the UN system, local and international non-government organizations (NGOs), civil society, and other entities in ensuring everyone everywhere has quality access to health and water security services.<sup>4</sup> For many National Societies, long-term health and care programmes often form the foundation to their sustained presence in communities and to their ability to respond promptly and effectively during emergencies. It is this sustained presence that builds trust and a deep understanding of communities' health risks, vulnerabilities and inequities.<sup>5</sup>

National Societies work across a wide spectrum of health and care services across the life course, ranging from promotion, prevention, diagnosis, treatment, rehabilitation and palliative care, spanning both humanitarian and development settings. Although health-related activities carried out by National Societies may differ from one country to another, there are some consistent areas of focus, including:

- disease prevention and health promotion;
- service delivery in health and WASH;
- health and WASH emergencies preparedness and response;
- epidemic/pandemic preparedness and response; and
- humanitarian diplomacy in health and WASH.

This includes for example the following activities:

- Regular health and care and WASH:
  - first aid training;
  - health promotion and disease prevention for communicable and non-communicable diseases;
  - integrated community case management;
  - WASH services (e.g. long-term water and sanitation programmes, solid waste management, menstrual hygiene);
  - immunization;
  - sexual and reproductive health;
  - mental health and psychosocial support;
  - epidemiological community-based surveillance;
  - harm reduction;
  - assistance to the elderly, persons with disabilities, prisoners, orphans, widows and migrants;
  - blood donation;
  - professional health services (e.g. hospitals, primary health facilities, nursing schools); and
  - humanitarian diplomacy for access to quality services, particularly for most vulnerable populations.
- Emergency health and WASH:
  - ambulance services;

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<sup>4</sup> [IFRC Health and Care Framework 2030](#), page 15.

<sup>5</sup> [IFRC Health and Care Framework 2030](#), page 17.

- WASH services in emergencies;
- medical assistance in disasters and crises;
- mental health and psychosocial support during emergencies;
- delivery of health and care services at humanitarian service points;
- epidemic preparedness and response;
- risk communication and community engagement, feedback mechanisms during health emergencies;
- active community-based surveillance, contact tracing
- emergency immunization campaigns; and
- dead body management or Safe and Dignified Burials (SDB).

## 2.4. Good practice examples

This section presents several examples of laws, plans, policies and agreements that have enabled National Societies to leverage their auxiliary role to address health-related needs and formalize their relationships and responsibilities with public authorities in their respective countries. Additional examples can be found in the auxiliary role mappings conducted by the IFRC to understand how the auxiliary role of National Societies is reflected in legal and policy frameworks; and in the study [\*"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"\*](#), which identified general trends on leveraging the auxiliary role of National Societies in health.

Region	National Society	Good practice example
Africa	Uganda Red Cross Society	<p>The <b>Uganda National Emergency Medical Services Policy</b> (EMS Policy) of 2021, which serves as a guide for pre-hospital care, emergency communication and dispatch systems and acute critical care in hospitals, identifies the Uganda Red Cross Society (URCS) as a key stakeholder in the health sector. The URCS also made significant contributions to the development of the National Action Plan for Health Security 2019-2023 (NAPHS), which recognizes the URCS as one of the key risk communication partners in the country, as well as one of the responsible entities in the preparedness and response to radiation emergencies and nuclear accidents.</p> <p>In 2019, a <b>MoU was signed between the URCS and the Ministry of Health</b> (MoH) for a 5-year period to strengthen their collaboration and provide for the role of URCS as first responder in public health emergencies, flooding, landslides, road traffic accidents and any other types of disasters. This MoU is due for revision/renewal.</p>
	Guinean Red Cross Society	<p>In Guinea, the <b>National Emergency Preparedness and Response Plan</b> of 2022 identifies the Guinea Red Cross Society (CRG) as a key partner in the health sector, and in particular in epidemic risk management, with activities including needs assessments, prevention and protection measures, epidemiological surveillance, provision of emergency medical services, and vaccination services.</p>
	Red Cross Society of the Democratic Republic of the Congo	<p>In DRC, the <b>Disaster Relief Plan 2012</b>, or ORSEC Plan, which is the main document defining a general procedure for managing disasters and emergencies in DRC - and recognizes epidemics as one of the major threats to which the country is exposed, highlights the role of the Red Cross Society of the Democratic Republic of the Congo</p>

Americas		<p>(CRRDC) in provincial and local services, health and medical services, supply and stocks, and prevention activities among many other things.</p> <p>The CRRDC's role in epidemic risk management was also recognised in the <b>National Preparedness and Response Plan for the Ebola Virus Disease Epidemic 2014</b>, 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 public health emergency management.</p>
	Costa Rican Red Cross	<p>The Costa Rican Red Cross plays an important role in the field of health, predominantly in the area of prehospital emergencies. It also holds a special role in the comprehensive approach to suicide prevention. This position makes it part of the National Emergency System, where it has assigned roles, functions and coordination responsibilities. In addition, during the COVID-19 crisis, the National Society was able to perform its auxiliary role due to its recognition as a first response entity in emergency decrees. The following examples reflect how sectoral laws enabled the Costa Rican Red Cross to leverage their auxiliary role in health through formal recognition:</p> <ul style="list-style-type: none"> <li>○ The <b>National Emergency System</b> is regulated by Law n° 7566, amended by Law n° 9547. This law provides, in terms of article 4, that the Costa Rican Red Cross is part of the Coordinating Commission of the 911 Emergency System.</li> <li>○ Decree 40881-S of 2018, through article 3, identifies the National Society as a <b>key institution for the prevention and care of suicide attempts</b>.</li> <li>○ During the <b>COVID-19 pandemic</b>, the Costa Rican government declared the state of emergency in the country through Executive Decree 42227-MP-S. Article 2 of this Decree makes an explicit mention to the Costa Rican Red Cross as a key institution in the first response phase, which focuses on actions for containment and control of outbreak, strengthening health services and protecting healthcare and first response personnel.</li> </ul>
	Ecuadorian Red Cross	<p>The <b>Statutes of the Ecuadorian Red Cross</b>, adopted in 2016 in agreement with the Ministry of Health, define through article 8 the National Society's tasks in the area of health, including the provision of protection, prehospital care and relief to people affected by disasters and other emergencies, accidents, social conflicts and epidemics.</p> <p>Considering the above, according to article 7.8 of the Organic Law of the National Health System, approved in September 2002 by Law 2002-80, <b>the Ecuadorian Red Cross is considered part of the National Health System</b>. Furthermore, Article 26.8 of the Regulations to the Organic Law of the National Health System, approved in January 2003 by Executive Decree 3611, establishes that <b>the Ecuadorian Red Cross is part of the Plenary of the National Health Council</b>, which is the highest national consensus-building body on health issues. The National Society is <b>also part of the National Council for Health Emergencies</b>, operating at national and sub-national level, as provided in by Ministerial Order 2147 of 1989.</p>

		The Ecuadorian Red Cross is also involved in other health-related activities as reflected in a number of sectoral laws. Such activities include health and reproductive health, infectious disease prevention, community health, health education, and blood donation. In 2020, the National Society signed a <b>two-year MoU with the MoH</b> to collaborate through the National Blood Transfusion Programme.
Asia-Pacific	Bangladesh Red Crescent Society	The <b>Bangladesh RCRC Law</b> of 1973 recognizes the National Society as an auxiliary to the public authorities (section 4.1). Through the First Schedule (article 5), the law identifies a wide variety of health-related activities in which the National Society is involved, including the management of health, maternity and child-welfare institutions, training in nursing and first aid, provision of ambulance services, and provision of relief in disasters and epidemics. This is a good example of how RCRC Laws may define the auxiliary role in health. However, it should be noted that this law was adopted in 1973 and, therefore, it might not depict all the current activities of the National Society as they might have evolved since.
	Fiji Red Cross Society	In 2023, the Fiji Red Cross Society signed an <b>MoU with the Ministry of Health and Medical Services</b> aimed at fostering a stronger collaboration to promote and recruit voluntary blood donors across the nation. This MoU marked a major achievement in formalizing the joint efforts to ensure an adequate and safe blood supply in Fiji, saving countless lives and supporting the healthcare system. The MoU is a proof of the commitment of the National Society and the Ministry of Health to collaborate closely in raising awareness about the importance of voluntary blood donation, increasing the number of blood donors, and enhancing the overall transfusion services in the country. <sup>6</sup>
Europe and Central Asia	Finnish Red Cross	The <b>legal foundation of the Finnish Red Cross</b> consists of the Finnish Red Cross Act 238/2000 and Presidential Decree 827/2017. The Act establishes the National Society, while the Decree sets out its functions, organization and structure, including a number of provisions which define the role of the National Society in health. Said provisions include the protection of life and health in all circumstances; the maintenance and strengthening of readiness to help and engage in humanitarian aid activities; the engagement in and development of health, well-being, safety and rescue volunteer activities; the implementation of the necessary social and health service activities; the engagement in first aid activities and training, blood services and communication activities.
	Kyrgyzstan Red Crescent	The Kyrgyzstan Red Crescent (RCSK) has signed a number of MoUs with relevant ministries to stipulate the auxiliary role and responsibilities of the National Society, including with the Ministry of Health. For instance, the RCSK signed, in 2023, a <b>MoU with the Republican Centre of Infection Prevention and Control (IPC)</b> – which is a technical agency under the Ministry of Health– with the purpose of strengthening cooperation in the field of IPC between the two organizations. This MoU covers the engagement in activities

<sup>6</sup> Fiji Red Cross Society, News Portal [online] Available in: <https://fijiredcross.org/latest-updates/news/memorandum-of-understanding-signed-between-fiji-red-cross-society-and-the-ministry-of-health-medical-services-to-promote-blood-donation/>



		focused on prevention of communicable and non-communicable diseases among the vulnerable population; the provision of training to increase the capacity of staff of RCSK health and social care facilities on IPC and medical waste disposal; technical support to RCSK health and social care facilities on developing their IPC policies; epidemic surveillance of hospital acquired infections in RCSK health and social care facilities; and joint monitoring and IPC assessment in RCKS health and social care facilities to provide recommendations for improvement.
Middle East and North Africa	Yemen Red Crescent Society	The Yemen Red Crescent Society has a well-recognized presence in Yemen, with ongoing programmes in health, WASH, food security and disaster preparedness and risk reduction. As the health care sector in Yemen has been deteriorating since the conflict began in 2015, the National Society plays a vital role in this sector and, as an auxiliary to the public authorities, it has developed strategic partnerships and signed <b>MoUs with various ministries and authorities</b> , including the Ministry of Public Health and Population, the Civil Aviation Authority, and the Ministry of Education.

### 3. Strengthening engagement on the auxiliary role in health and care through law and policy

#### 3.1. Advocacy for the auxiliary role

The National Societies' role lies both in advocacy towards governments to fulfil their public health role, as well as to regularly strengthen their own responsibilities as an auxiliary to public authorities, ensuring access, safety, fostering volunteerism and community engagement and addressing unrecognized vulnerabilities and sometimes neglect. Despite their auxiliary role, in a number of countries, National Societies implement health and WASH programmes in relative isolation from national health and WASH strategies and programmes. [IFRC's Health and Care Framework 2030](#) calls for (i) greater engagement of National Societies in the dialogue with relevant line ministries and local authorities; (ii) better inclusion of National Societies' health and WASH areas of work and programmes into national health strategies or sector specific strategies (e.g. human resource for health strategies); and (iii) deeper participation of National Societies in policy, technical and financial platforms on health and WASH.<sup>7</sup>

Engagement with public authorities may for example happen during the drafting of national health or WASH related laws, policies, strategies, plans or guidelines; annual or bi-annual planning meetings; or the formulation of response plans, contingency plans or early action protocols. The preparation towards [Red Cross Red Crescent Statutory Meetings](#) is also an opportune moment to engage in advocacy activities and strengthen the auxiliary role of the National Society through law and policy.

The steps below can be followed by National Societies to understand and define their auxiliary role in health and care, and to prepare for engagements with public health authorities on the auxiliary role, particularly in the context of law and policy. They are adapted from the [National Society Guide to Supporting Disaster Law and Policy Reform](#) published by the IFRC in 2024.

<sup>7</sup> [IFRC Health and Care Framework 2030](#), page 23.

### 3.2. Six key steps to strengthening engagement on the auxiliary role in health and care

In many cases, the auxiliary role in health and care, and in other sectors more generally, is already widely understood by National Societies. Nevertheless, it is often not well understood by other stakeholders, nor supported by law and policy. A strong and well-defined auxiliary role will create an enabling environment for your National Society; contribute to the continuous dialogue to ensure complementarity, coordination and common planning with authorities; and strengthen your National Society's capacity to operate as a valuable, transparent and reliable humanitarian and development partner in the field of health and care.

It should be noted that the guidance and recommendations provided in this section are generic and must be tailored to each specific country context.

In addition, National Societies are encouraged to regularly review, monitor and update their actions and the results thereof along the key steps outlined below to continuously strengthen engagement on their auxiliary role in health and care, taking into account internal and external shifts and changes to adapt accordingly.

#### **Step 1. Establish an auxiliary role advocacy working group in your National Society**

It is recommended to identify and appoint a focal point and/or a Health Working Group within your National Society to define the advocacy issue and lead auxiliary role advocacy efforts as well as the development of a strong advocacy strategy. Such a group may be established as an *ad hoc* structure, or as part of a broader diplomacy group within your National Society. It is important for the working group to have a clear purpose, structure, leadership, roles and responsibilities.

The Health Working Group may also be responsible for collecting data, measuring impact and documenting your practice, including quantitative and qualitative evidence to support informed advocacy efforts and fundraising activities. This can be done through the implementation of monitoring, evaluation and reporting mechanisms to track and measure your National Society's health-related activities, their outreach and impact. Gathering successful stories can also serve as inspiration for other National Societies.

#### **Step 2. Develop an advocacy strategy**

Developing an advocacy strategy can provide a practical roadmap for achieving the National Society's advocacy goals. The [IFRC Legislative Advocacy Toolkit](#) (LAT) provides guidance on developing an advocacy strategy.<sup>8</sup> An advocacy strategy needs to provide answers to the following questions:

- Define advocacy: What does advocacy mean for your National Society? How does it link to the auxiliary role?
- Choose and define the advocacy issue and objectives: What is the specific issue that your National Society wishes to advocate on and why?
- Understand the external environment: What is the nature of the external environment that the National Society operates in? How does change happen in your society? Who has power in relation to the advocacy issue?
- Identify the advocacy target: Who is the target of your advocacy? How can you reach them? Who influences your target? Which partners, allies or coalitions could you work with to reach your target?
- Identify evidence for advocacy: What evidence exists or could be developed to support the advocacy? What evidence is needed to support the advocacy?

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<sup>8</sup> Additional guidance relevant to this section can be found in the following sections of the [LAT](#) Facilitators' Guide: Module 2: Defining your issue; Module 5: Developing your advocacy messages; Module 10: Theory of change; and the Handout on good and bad advocacy messages.



- Develop advocacy messages: What are your advocacy messages?
- Assess credibility and risks: How credible is the National Society and what gives it the legitimacy to advocate on this issue? What are the risks that will be encountered when implementing the advocacy strategy?

### **Step 3. Map the legal and policy framework**

In order to be able to fulfil your auxiliary role and mandate in the humanitarian field – and in the health and care sector – your National Society needs a strong legal base. This includes provisions that outline health-related activities, the legal facilities that your National Society may access, and its representation and participation in key decision-making bodies. Conducting legal and policy research prior to your engagements with public authorities is key because it helps your National Society identify and prioritize potential areas for improvement, while adding to the credibility of your advocacy efforts. In addition to identifying the mandates provided to National Societies in the [Statutes of the International Red Cross and Red Crescent Movement](#) and resolutions of the International Conference, the following elements should be explored to identify strengths and gaps:

- **domestic legal foundation (RCRC Law)** to identify to what extent the auxiliary role in health and care of your National Society is defined in the constituting laws and potential areas for improvement. Keep in mind that laws and policies continuously evolve, so some RCRC Laws may be outdated and require revision to accurately reflect the current auxiliary role in health and care;
- **sectoral laws, policies, strategies, guidelines, Standard Operating Procedures (SOPs) and plans** to understand how the auxiliary role is elaborated in specific areas such as community and emergency health, WASH, professional health services, mental health and psychosocial support or epidemic preparedness and response, including the derived operational instruments such as guidelines, SOPs, job descriptions or other. Other relevant sectoral frameworks may include those related to disaster risk management (DRM), migration and civil-military relations in humanitarian action disaster response;<sup>9</sup>
- **existing cooperation agreements and MoUs** with public health authorities and other relevant ministries to determine whether they should be revised and updated;
- **National Society constitutional texts, health-related plans, policies and strategies** to explore how the auxiliary role in health and care is perceived and implemented internally, and to gather evidence to effectively advocate with public authorities.

### **Step 4. Monitor key law and policy reform processes**

In order to identify opportunities to advocate for a strong auxiliary role in health and care, it is necessary to monitor external law and policy processes, and in particular track bills and policy development processes relevant to health and disaster risk management. It can be helpful to regularly check the parliamentary calendar to identify relevant public consultations; closely follow any relevant public enquiries; and participate in consultation forums or groups convened specifically for civil society or non-government actors.

Developments at domestic level are often influenced by international instruments. It is, therefore, important to understand your government's commitments made under multilateral or bilateral agreements, action plans, declarations and other instruments relevant to health and disaster risk management. This can be done through secondary resources or by directly participating in international conferences that are regularly organized on these issues such as the World Health Assembly. Relatedly, it is useful to be aware of key international or national events that relate to health. These events can serve as a good platform for launching key steps in an advocacy campaign.

<sup>9</sup> For additional information on the recommended guiding questions to map the auxiliary role in sectoral frameworks, please check the [Preparedness for Effective Response \(PER\) Mechanism](#), and/or contact [IFRC Disaster Law](#).

In addition, law and policy reform is often triggered by largescale health emergencies or disasters that highlight gaps in existing legal and policy frameworks. Therefore, it is important to closely monitor these events, especially news coverage regarding any gaps or weaknesses that have been uncovered and how government is responding to these issues.

### **Step 5. Establish and maintain a partnership with public health authorities**

Once your National Society has developed a clear advocacy strategy and evidence for your advocacy efforts, it should prepare for discussions with the pertinent public authorities. This should include potential issues that could arise, for example in relation to the Fundamental Principles, or to unrealistic expectations which could prove counterproductive. It is important to find a balance between your National Society's and the government's needs and priorities under the principles of complementarity and subsidiarity. The following guiding questions are designed to help your National Society effectively prepare for auxiliary role discussions with public authorities:<sup>10</sup>

#### **Engagement with public authorities**

- What are the gaps and priorities of the government in health and WASH? In what thematic or sub-thematic areas of health and care can the National Society best play its complementary or subsidiary role?
- Is the National Society considered to be a partner of choice for public health authorities when implementing health and care related activities or programmes?
- Does the National Society receive direct or indirect financial support from the public authorities (including human or material resources)?
- Does the National Society have a central point of contact in the Ministry of Health specifically for the purpose of enhancing the auxiliary role in health and care? Is there regular contact between the National Society and public health authorities, at national and subnational levels? If so, how frequently does the National Society meet with public health authorities?
- Is there a need to engage in discussions on the auxiliary role of the National Society in health with one or more authorities? Does the National Society coordinate with any other relevant ministries in the field of health and care, e.g. in relation to water and sanitation, animal and environmental health, or disaster risk management?
- At what level are meetings held between the National Society and the public health authorities (e.g. ministerial, senior management, technical)? Is the National Society part of the relevant fora? If engagement happens at national and subnational levels, does the National Society have a mechanism to ensure consistency between these contacts? How is information shared and with what frequency?
- Is there regular exchange of information, knowledge and expertise between the National Society and public health authorities? If so, is this part of any formal agreement?

#### **Risk mitigation**

- Is the National Society prepared for challenges to operating in accordance with the Fundamental Principles?
- Have the Fundamental Principles been disseminated among key stakeholders at multiple levels of government?
- Is the National Society prepared to answer hard questions about performance in health and care related activities, integrity, etc, while discussing the auxiliary role with the government?

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<sup>10</sup> For more information, please refer to the "[Checklist for National Societies' Preparation for auxiliary role discussions](#)" 2017.

## Research and evidence

- Can the National Society provide evidence on the impact and effectiveness of the health and care services it currently provides?
- Has the National Society conducted any cost-benefit analysis or investment-case for health and care programs, or after-action reviews of emergency response operations? If so, have these been shared with the public health authorities?

Specific actions to strengthen your auxiliary role in health through law, policy and strategy in coordination with relevant public authorities can include the following:

- arranging briefings for representatives from relevant government departments and parliamentarians to conduct dissemination of the auxiliary role in health and care;
- conducting workshops or roundtable discussions for your National Society and key government representatives, using this opportunity to discuss the gaps in the legal and policy framework relating to the auxiliary role in health; and
- advocating for your National Society's participation in government decision-making bodies and coordination groups relating to health.<sup>11</sup>

It is essential to introduce the work of your National Society and explain the auxiliary role in a structured manner to the Ministry of Health and other relevant Ministries, especially when there is regular turnover of personnel in the government. Consider developing a dedicated communication strategy or plan for this purpose or as part of an overall Humanitarian Diplomacy strategy or plan (including standard talking points), presenting a concrete problem, solution and a request.<sup>12</sup>

Regular dialogue with concerned public authorities at the pertinent levels is key to strengthening your auxiliary role. Therefore, your National Society should foster regular engagement with authorities to discuss critical national health-related issues. This can help to position your National Society to influence health legislative and policy reform processes in addition to health and WASH national strategies, plans and curricula. Greater participation in national health platforms – such as Health and WASH Clusters, One Health platforms, Public Health Emergency Operation Centres (PHEOC), etc. – will also contribute to humanitarian diplomacy efforts.

## **Step 6. Stakeholder and public engagement**

### Mapping and engaging with other stakeholders

Stakeholder engagement is a critical advocacy tool that fosters dialogue and can help leverage resources, combine advocacy efforts, share best practices, strengthen your role and positioning, and boost your National Society's credibility to support legal and policy reforms. In light of this, you may want to identify additional key stakeholders that your National Society wishes to engage with from relevant institutions and organisations. This may include relevant authorities that regulate the multiple aspects of Health and WASH, including but not limited to Parliament, relevant Ministries (such as health, social welfare, disaster risk management, humanitarian affairs, environment, water and sanitation, food and agriculture, education, defense, communication, finance and planning) along with the National Society's parent ministry. In addition, regulatory authorities (such as the National Medicines Authority, National Blood Services etc.) and relevant federal or local health authorities can also be mapped. Other decision-making bodies of interest may also include in-country committees (such as the One Health platform) or multi-country or regional inter-governmental economic fora. In addition, potential partners such as other National Societies, IFRC and ICRC as well as external organizations (both governmental and non-governmental, including corporations, foundations, not-for-profit organizations) working in the health and care sector should be identified.

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<sup>11</sup> For additional recommendations in the development of advocacy strategies, please refer to "[The National Society Guide to Supporting Disaster Law and Policy Reform](#)", 2024.

<sup>12</sup> For additional recommendations in the development of advocacy strategies, please refer to [Guide to Strengthening the Auxiliary Role through Law and Policy](#), 2021, Chapter Five.

### Engaging with parliamentarians

Parliamentarians are particularly instrumental when advocating to strengthen the auxiliary role through legislative reform. Establishing a network of key allies within your parliament can help your National Society identify opportunities to support and engage with legislative processes. Developing a group of allies within parliament means you will also have advocates for the adoption of new or amended legislation.

### Engaging with the general public

In some cases, the likelihood of a new law or policy being adopted can be increased by generating broad public or community support. It may be appropriate to launch a dissemination campaign on the objectives of your National Society's advocacy and the legal or policy research supporting it. To effectively convince the general public, communication materials need to be concise and non-technical, disseminated through a range of communication channels including social media and mass media.

Ensuring community engagement in health and care related advocacy activities will also be crucial to identify the health needs of communities, from planning to implementation, monitoring and evaluation of programmes. Dissemination on the auxiliary role in health and care to communities will also contribute to trust-building, which is key to effectively carry out the National Society's humanitarian mission.

## **4. Conclusion**

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By following the steps outlined in this document, your National Society should be better positioned to identify potential areas for improvement, develop a robust advocacy strategy and engage with public health authorities and other stakeholders on strengthening its auxiliary role in health and care. If you have some feedback or suggestions on this guidance note, or would like to share your experience strengthening your National Society's auxiliary role with the IFRC network, please contact [disaster.law@ifrc.org](mailto:disaster.law@ifrc.org) or [health.department@ifrc.org](mailto:health.department@ifrc.org).

## **5. Resources**

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The list of IFRC resources below can serve as reference documents and additional guidance as you develop and implement your advocacy strategy.

### Health and care

- [IFRC Health Policy](#) adopted by the 24<sup>th</sup> session of the General Assembly (23-25 October 2024)
- 33<sup>rd</sup> International Conference of the Red Cross and Red Crescent Movement (2019), Resolution 2 "[Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies](#)"; and Resolution 3 "[Time to act: Tackling epidemics and pandemics together](#)"
- [IFRC Health and Care Framework 2030](#), the IFRC's contribution to healthier, more resilient communities and individuals
- [IFRC Global Health Security white paper](#) (2021)
- [Study on the Auxiliary Role in Health as provided in Law and Policy](#)
- [Brochure on the Auxiliary Role in Health](#) targeting public health authorities

### Disaster law

- [Guidance for National Society Statutes](#) (2018);
- Model Law on the recognition of a National Red Cross or Red Crescent Societies (forthcoming);

- Model Memorandum of Understanding (MoU) on Health and Care Services to be signed between a National Society and the public authorities (request access [here](#));
- [Model Pre-Disaster Agreement](#) (2020);
- Template of Letter of intention for Humanitarian Access in Public Health Emergencies (request access [here](#));
- [IFRC Guide to Strengthening the Auxiliary Role through Law and Policy](#) (2021) and its [online training course](#);
- [IFRC Legislative Advocacy Toolkit](#) (2018);
- National Society [Guide to Supporting Disaster Law and Policy Reform](#);
- Guide for Parliamentarians to Strengthening the Legal Base of Red Cross and Red Crescent Societies (forthcoming)
- Advocacy Strategy Template (request access [here](#));
- Legislative Advocacy Champions Group Terms of Reference Template (request access [here](#));
- 30<sup>th</sup> International Conference of the Red Cross and Red Crescent Movement (2007), Resolution 2 "[The specific nature of the International Red Cross and Red Crescent Movement in action and partnerships and the role of National Societies as auxiliaries to the public authorities in the humanitarian field](#)"; and
- 31<sup>st</sup> International Conference of the Red Cross and Red Crescent Movement (2011), Resolution 4 "[Furthering the auxiliary role: Partnership for stronger National Societies and volunteering development](#)".