

Leveraging the auxiliary role: opportunities for health system strengthening for the Red Cross Red Crescent Movement

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Sequence of presentation

1. What does «auxiliary role» mean?
2. Auxiliary role in practise
3. Challenges
4. Opportunities in HSS and international health cooperation

The auxiliary role of the Red Cross and Red Crescent National Societies (RCRC NS)

*[P]ublic authorities and the National Societies as auxiliaries enjoy a **specific and distinctive partnership**, entailing **mutual responsibilities and benefits**, and 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 for public humanitarian services**; the National Society must be able to deliver its humanitarian services at all times in conformity with the **Fundamental Principles**, in particular those of neutrality and independence, and with its other obligations under the Statutes of the Movement as agreed by States at the International Conference (2007 and 2011).*



GUIDE TO STRENGTHENING THE AUXILIARY ROLE THROUGH LAW AND POLICY

- The auxiliary role dates back to the foundations of the Movement in the 19th century (caring for the wounded in battlefield).
- Recognition of the auxiliary role is a condition for the establishment of a National Society.
- Red Cross law, sectoral laws, statutes, policies, plans and agreements determine further the auxiliary role through
 - a) Roles and responsibilities
 - b) Sectoral decision-making and coordination bodies



The primary purpose of the National Society as auxiliary to the public authorities in the humanitarian field is to **complement** and/or supplement them in the fulfilment of this responsibility.

The respective National Society has the duty to:

- 1) consider seriously any request by its public authorities.
- 2) decline requests when they are not in conformity with statutes, Fundamental principles, mission or any other reason.

Examples: Prevention and public awareness, blood banks, health facilities, pre-hospital care, social care and institutions, others

Auxiliary role in practise: COVID 19 and RCRC

- Governments realise that they need support: fast, locally, large quantity, not complicated, low key without massive financial implications, reaching to full population, reaching to all corners of the country
- NS according to their competence and experience were known and/or have offered their services, depending on:
 - Own structures,
 - Own services and competence,
 - Public trust and support
 - Risk-appetite,
 - Reputation and visibility.

Curb the pandemic – Prevent Transmission and Sustain Health and WASH

People reached by

RCCE for health and hygiene promotion activities **827.4M**
169 NS reporting

community WASH **112.9M**
118 NS reporting

essential community health services **12.5M**
36 NS reporting

MHPSS services **10.1M**
141 NS reporting

RCCE for vaccine hesitancy **22.6M**
40 NS reporting

NS support to get vaccinated against COVID-19* **11.1M**
53 NS reporting

vaccination through SIAs (children under 5 years of age)* **1.3M**
16 NS reporting

routine immunization (children under 24 months of age)* **248.1K**
18 NS reporting

66.0K
staff and volunteers trained on COVID-19 vaccine introduction
54 NS reporting



Health Facilities

9,215
supported with infection prevention and control and WASH
90 NS reporting

4,969
treating COVID-19 cases
36 NS reporting

4,935
maintaining services to pre-COVID level
53 NS reporting

limited input around burden

5.2M
COVID-19 cases in isolation receiving material support
90 NS reporting

18M
people tested
55 NS reporting

1.1M
contacts identified and/or followed
60 NS reporting



4,161
community burials by volunteers and staff
28 NS reporting

1.2M
COVID-19 cases received ambulance transport
61 NS reporting

740.5k
staff and volunteers supporting screening
75 NS reporting

119.8k
staff and volunteers actively engaged in community-based surveillance for COVID-19
60 NS reporting



The global picture of health system support by RCRC

- Community based services through volunteers and staff provided by all 192 RCRC NS
- Mental health and psycho social support services are offered by 141/192 RCRC NS
- Support to health system to vaccinate only provided by 53 RCRC NS – bottlenecks are lack of vaccine supply and engagement in Africa and LAs.

From IFRC Global COVID report, July 2021













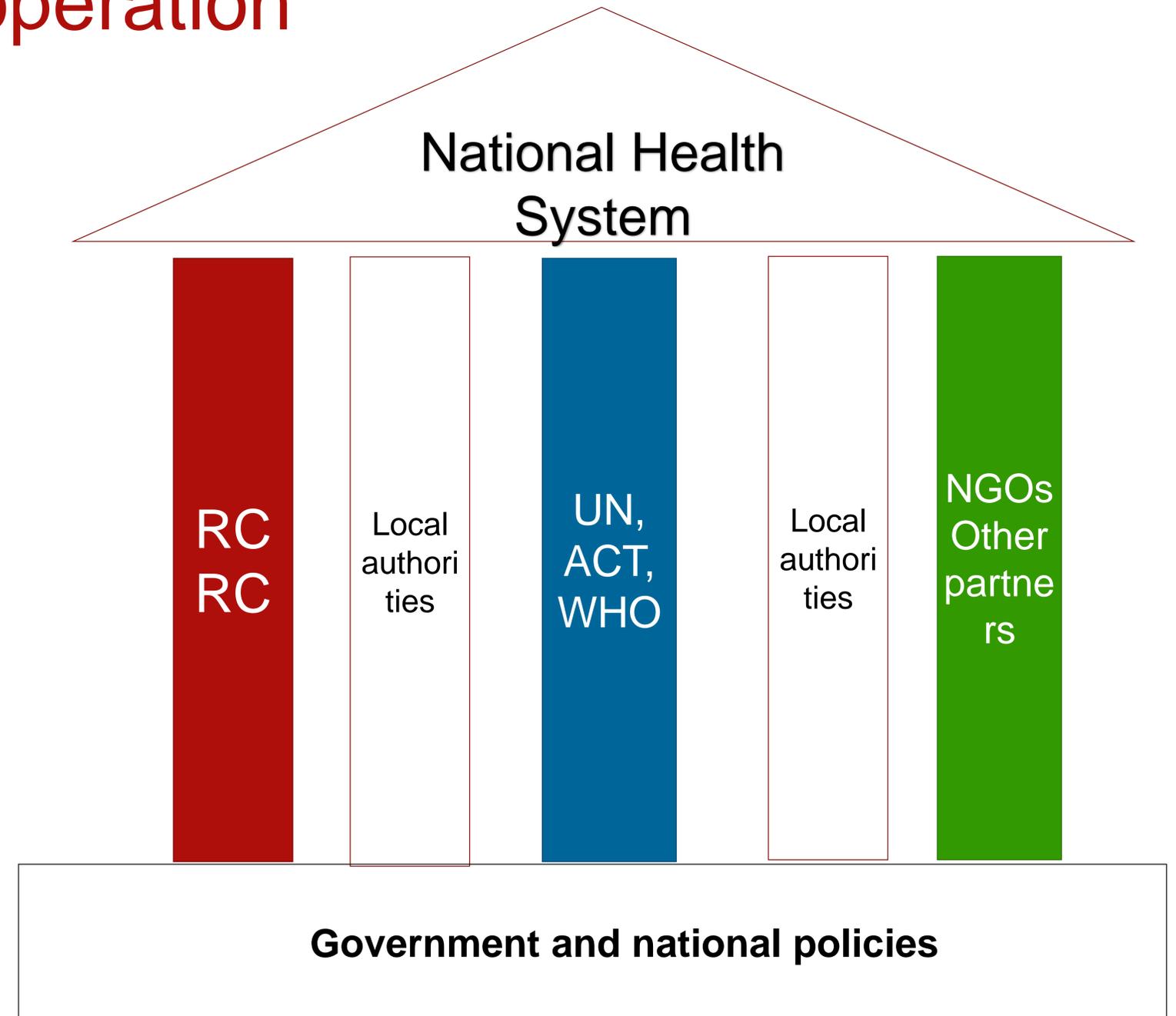








National and international health cooperation



Challenges of the auxiliary role

- Balancing independence with proximity to the Government.
- Keeping to evidence and truth, despite rumours and political influences.
- Declining national actions stipulated by the Government.
- Challenges (and opportunities) in stepping into new roles.
- Keeping the Government to focus on the most vulnerable and marginalised people and population groups.
- Lobbying with Government for funding, also beyond health.
- Sustaining the auxiliary role after crises cedes.

Future opportunities

- Building on the positive experiences.
- Continuing with the new partnership approach.
- Engaging in «new» areas of work nationally.
- Further developing and using the unique selling point of volunteers and community based services vis-a-vis donors and Governments.
- Expanding and scaling up the auxiliary role and thus strengthening a RCRC NS in their existence, independence and sustainability nationally.
- Leveraging the opportunities of the RCRC Movement in global health, local health security and international health cooperation.



"Covid-19 has been an opportunity to position us as a reliable actor "

(National Society Leader)

Thank you very much for your attention