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**32IC/15/9**  
**Original: English**  
**For information**

**32nd INTERNATIONAL CONFERENCE  
OF THE RED CROSS AND RED CRESCENT**

Geneva, Switzerland  
8-10 December 2015

**OVERVIEW REPORT**  
**ON THE IMPLEMENTATION OF RESOLUTIONS AND PLEDGES OF THE**  
**31<sup>ST</sup> INTERNATIONAL CONFERENCE**

**Document prepared by the**  
**International Federation of Red Cross and Red Crescent Societies and the**  
**International Committee of the Red Cross**

Geneva, October 2015

## Introduction

Resolution 9 “Our World. Your Move – for Humanity” of the 31<sup>st</sup> International Conference of the Red Cross and Red Crescent requests the ICRC and the International Federation to report on the follow-up by all Conference members to the resolutions that were adopted and pledges which were submitted. The aim of this follow-up report is to document the actions and activities undertaken by the 31<sup>st</sup> International Conference members within the reporting period from 2011 to 2015. It is not intended as a detailed and exhaustive account or an accurate analysis of all activities carried out in furtherance of the 31<sup>st</sup> International Conference outcomes. It rather outlines general trends and provides examples of concrete projects, campaigns and activities performed at national and at international level.

For this purpose, a survey was carried out including a detailed questionnaire which was sent to all States and National Societies. This survey asked for brief reports on Pledges that were submitted and detailed questions on operational paragraphs and a specific call for action in each of the Resolutions. For all thematic areas additional information was drawn from existing reports – thematic, regional or annual reports and case studies. A record of the research that was carried out is available in the International Federation or the ICRC.

By 04 August 2015 a total of seventy-eight responses had been received, fifty responses from National Societies and twenty-eight from States, covering a total of fifty-eight countries. Twenty countries are represented by a response from both, the National Society and Government. Of the fifty responses from National Societies twenty-six were from Europe and Central Asia, five from the Americas, nine from the Asia Pacific region, three from the Middle East and Northern Africa, and seven responses from Africa. Among the twenty-eight responses from States eighteen came from Europe and Central Asia, six from the Americas, two from Asia Pacific and 2 from Africa. No responses were received from Governments in the Middle East or Northern Africa region.

Caution needs to be exercised when interpreting numbers, percentages and figures given in this report, as the geographical distribution of the responses is not well balanced, and a large majority responses were received from Governments and National Societies with higher capacities. All the information that was provided in the completed questionnaires has been used and incorporated in this report. Due to constraints on the length of this report, not every activity that was reported could be described in detail. It is important to note that this results of this survey do not allow any statement about the impact of the described activities. This would have required a different methodological approach. This report outlines efforts and activities made by the various actors towards an implementation of specific Resolutions and Pledges. The report is structured according to the themes and sub-themes of the 31<sup>st</sup> International Conference under which both resolutions and pledges are categorized – (1) Strengthening international humanitarian law; (2) Strengthening local humanitarian action; (3) Addressing barriers to health care, and (4) Strengthening disaster laws.

Many thanks are owed to all National Societies and States that have provided responses to the survey and thus gave valuable insights into their efforts and activities over the last four years.

## 1. Strengthening international humanitarian law

### 1.1. Strengthening legal protection for victims of armed conflict

**Resolution 1** “Strengthening legal protection for victims of armed conflict” stressed humanitarian concerns and challenges stemming from the continued suffering caused by armed conflicts and the need to address the causes in two main areas: (1) In relation to the protection of persons deprived of their liberty; and (2) the need to ensure greater compliance with international humanitarian law. It invited the ICRC to pursue further research, consultation and discussion in cooperation with States and other relevant actors where appropriate including international and regional organizations and to propose a range of options and recommendations.

The Resolution prepared the ground for the extensive work that has been done over the last four years. On the **detention track** the ICRC facilitated a consultation process with States and other relevant actors. It was generally found that with respect to international armed conflict, existing IHL adequately addresses the humanitarian needs of detainees. In contrast, international humanitarian law applicable to detention in relation to non-international armed conflict is far less extensive, leaving detainees vulnerable. The concluding report on “Strengthening international humanitarian law protecting persons deprived of their liberty”, which outlines options and recommendations for the way forward can be found [here](#). On the **compliance track** Switzerland and the ICRC undertook a joint initiative to facilitate an extensive consultation process with States and other relevant actors. During this process it was largely acknowledged that existing IHL compliance mechanisms are inadequate in light of the nature and complexity of contemporary armed conflicts and that there is an institutional vacuum in the area of IHL implementation. Most States therefore expressed their support for the establishment of a regular Meeting of States on IHL to a) thematic discussions aimed at an exchange of views on key legal, practical or policy questions; and b) a procedure of national reporting on compliance with IHL. The concluding report on “Strengthening Compliance with International Humanitarian Law” prepared by the ICRC, in conjunction with Switzerland, can be found [here](#).

Twenty-five pledges were made under the sub-theme “Strengthening legal protection for victims of armed conflict”, most of them collectively by several States and National Societies. Several pledges were made to commit to pursuing a better understanding of a gender perspective in international humanitarian law. While most activities pursuant to these pledges focussed on gender based violence in armed conflict and provisions to prohibit or sanction such practices, the Swedish Red Cross jointly with the Swedish Government took on a broader perspective to research to what extent existing international humanitarian law addresses the different ways women and men, girls and boys are affected by armed

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The *Swedish Red Cross* and the *Swedish Ministry of Foreign Affairs* co-chaired a working group consisting of the Swedish National Defence College, the Centre for Gender in Military Operations, the Swedish Defence Research Agency, the Department of Neuroscience of the Karolinska Institute and other actors, including civil society. Field studies and research projects have been carried out to explore possible ways of how compliance with existing rules can be enhanced from a gender perspective, and if there is a need to strengthen international humanitarian law in this regard. A publication which summarizes the key findings of these endeavours has been produced and will be presented during the 32<sup>nd</sup> International Conference.

conflict.

### 1.2. 4-Year Action Plan for the Implementation of international humanitarian law

**Resolution 2** entails a 4-Year Action Plan for the implementation of international humanitarian law urging all members of the International Conference to implement the concrete actions set out under the five objectives as defined by the Action Plan. Seventy-eight pledges were made by States and National Societies to support the goals of the Resolution. A progress report prepared by the ICRC describes in detail the achievements and progress made in implementing each of the objectives in the 4-Year Action Plan. Some achievements, are highlighted below:

Progress has been made in relation to objective 2.2 (“to enhance the protection of women in armed conflict”) with measures that were taken to address or to prevent sexual violence in armed conflict. Some States, such as Colombia (2014) and Croatia (2015), have adopted specific domestic laws addressing the issue of the rights of the victims of armed conflict related sexual violence. In 2015, Bosnia and Herzegovina amended its Criminal Code to harmonize it with international standards for the definition of rape, committed as a crime against humanity or as a war crime against civilians. Several States and National Societies have provided or participated in respective training sessions for the armed forces. The ICRC has worked towards improving the delivery of quality, impartial and holistic humanitarian responses to victims of sexual violence, while developing its activities aimed at preventing such violations. For example the ICRC has undertaken a review of existing legislative and other related mechanisms which seek to respond to sexual violence in armed conflict.

Another area where significant progress has been made is the repression of serious violations of international humanitarian law, as laid out under objective 4. Advances in this area require States to become party to relevant international instruments, as well as to enact domestic legislation providing effective penal sanctions for serious violations of international humanitarian law. Some National Societies have reached out and provided legal advice to their Governments. The ICRC has also worked closely with Governments to help them in their efforts to become party to international humanitarian law treaties and to implement them domestically.

Great progress was also made in the area of arms transfers (objective 5). The adoption of the Arms Trade Treaty is a historic advance. Several among its seventy-two States parties adopted legislation to implement its provisions. New Zealand supported the development of a model law to assist in such a process. The ICRC published a video<sup>1</sup> and

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After eight years of efforts to promote an international treaty as a means of protecting civilians from the effects of unregulated or poorly regulated arms transfers, the *Arms Trade Treaty* was adopted by the UN General Assembly in April 2013. The ICRC and its active engagement with Governments in the run-up to and during the final Diplomatic Conference to this treaty particularly ensured that it would contain strong IHL-based criteria for arms transfers. States, National Societies’ and ICRC advocacy efforts and public communication were instrumental in obtaining the 50 ratifications needed for the treaty’s entry into force in December 2014. By August 2015, 72 States had become party to the Arms Trade Treaty.

<sup>1</sup> “The Arms Trade Treaty: Keeping the promise”, available online on: <https://www.icrc.org/eng/arms-trade-treaty-film>

produced written materials to provide guidance to States, National Societies and other stakeholders on responsible arms transfers under the Treaty.

## 2. Strengthening local humanitarian action

### 2.1. Ensuring Safety, Dignity and Respect for Diversity

**Resolution 3** on “Migration: Ensuring Access, Dignity, Respect for Diversity and Social Inclusion” was adopted under the sub-theme “Ensuring Safety, Dignity and Respect for Diversity. A detailed progress report can be found [here](#). Building on the Declaration “Together for Humanity” of the 30<sup>th</sup> International Conference in 2007 and the International Federation’s Migration Policy of 2009, Resolution 3 reflects the discussion in 2011 among the components of the Red Cross and Red Crescent Movement and States which reaffirmed “the importance of examining ways and means to reinforce international cooperation at all levels to address the humanitarian concerns generated by international migration” with a focus on four operational areas:

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Due to national legal frameworks the *Italian Red Cross* is able to provide assistance to all migrants in need regardless of their legal status through its humanitarian programmes. This includes assisting migrants arriving via the Mediterranean by providing lifesaving interventions, first aid, health monitoring, psycho-social support, relief distribution and tracing (RFL) services. Trained volunteers are present at almost every landing point on the southern coasts of Italy.

(1) Access by National Societies to migrants without discrimination and irrespective of legal status: The majority of National Societies that provided information for the review of the implementation of Resolution 3 on Migration reported sufficient access to migrants, irrespective of their legal status, though some noted that their right to this access had not been formalized by any legal agreement with public authorities. States noted compliance with their obligations stemming from international conventions and agreements relevant to migration with a small number reporting unrestricted access of National Societies to all migrants.

(2) Migrants access to appropriate international protection and relevant services: There are examples of significant progress having been made

to guarantee that national procedures, especially those that could result in a denial of access to international protection, include adequate safeguards to protect the dignity and ensure the safety of migrants. In this regard, a number of National Societies have assisted authorities in analysis, planning and service provision. However, limited resources are a factor for National Societies that are committed to implementing Resolution 3. In some States, the operationalization of international and other forms of protection, as well as access to humanitarian services has been limited due to a lack of fair and efficient status determination procedures and adequate safeguards. This has challenged efforts to guarantee respect for the fundamental rights of all migrants, irrespective of their legal status, in accordance with applicable international law and domestic law. Detention of migrants remains all too frequently the automatic response to irregular migrants rather than first considering alternatives to detention. Fifty-six States in the 2013 survey and fourteen States in the 2015 survey reported that action had been taken to implement protection safeguards.

(3) Promotion of social inclusion: National Societies have expanded and adjusted programmes to meet the growing needs of vulnerable migrants, including the promotion of social inclusion with activities ranging from targeted education, awareness raising, capacity building with civil society organizations (CSO's) and humanitarian diplomacy with governments. Funding is often a limiting factor. Social fragmentation is evidenced in many States through barriers to family reunion, employment and essential services. A number of States reported social inclusion measures, with some programs to assist returning nationals to reintegrate back into society.

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*„Rights of Migrants in Action“* is a 42-month long project designed to promote and protect the human rights of migrants. The initiative, co-funded by the International Federation and the European Union, aims to build and strengthen relationships between civil society organisations, through sharing experiences, achieving common goals and developing quality services that benefit migrants, particularly the most vulnerable groups including victims of trafficking, migrant domestic workers, women and children. Fifteen countries around the globe are participating in this coordinated civil society action.

(4) Collaboration and partnerships with governments, multilateral organizations and CSOs have been established and are recognized as central for ongoing success. Some National Societies are working effectively on regional approaches. The private sector is recognized by some National Societies as offering the potential to advance the integration of migrants through employment opportunities, expanding use of modern technologies and sharing distribution channels in support of humanitarian action.

With the growing plight of vulnerable migrants, Resolution 3 remains relevant and it is vital that the Movement and States continue to promote the implementation process. States should maintain and increase their efforts to protect the dignity and ensure the safety of all migrants as well as their access to relevant services. The Movement, by virtue of its expertise and its presence along the migration routes, is able and committed to contribute to addressing humanitarian needs of vulnerable migrants. There is a critical need to cooperate closely within and outside the Movement to ensure access to humanitarian services and protection for vulnerable persons throughout the entire migration route in countries of origin, transit and destination.

Under the sub-theme “Ensuring Safety, Dignity and Respect for Diversity”, a number of collective pledges were submitted which many National Societies have reported on. A few examples are described here:

### Promotion of a culture of non-violence and peace through respect for diversity and peaceful reconciliation of social differences

The International Federation submitted a collective pledge on violence prevention. It was signed and supported by forty National Societies across all regions and aims at tackling the root causes and social determinants of violence. The pledge aims at mainstreaming violence prevention, mitigation and response across all operations, programmes and services, paying special attention to the particular needs of children, youth, men and women. At the level of the International Federation more strategies, frameworks and policies have begun to include violence prevention as a cross-cutting theme. Practical tools include modules within Youth Agents of Behavioural Change (YABC), Community Based Health and First Aid (CBHFA) and psychosocial programming. Violence prevention has been made a required element of disaster and crisis management assessments. Across all regions there has been a dramatic increase in National Societies about their work in addressing violence. In the reporting period there were ninety-seven National Societies (51% of all National Societies), addressing some form of violence via community based projects. An estimated 2.5 million people have been reached.

Another collective pledge pertaining to the promotion of a culture of non-violence and peace was the skills and values based education pledge, signed by 70 National Societies, the Austrian and Belgium Governments, and 4 external organisations, namely: British Council, Global Campaign for Peace Education, International Olympic Committee and the Culture of Peace Organization. They expressed their commitment to nurturing humanitarian values and developing interpersonal skills to interact constructively and live peacefully together. Initiatives focus on formal, non-formal and informal education, cultural awareness programmes, and the use of sports, arts and other creative and non-cognitive methodologies reaching out to children, from the earliest age possible, youth and the community at large.

Youth-led initiatives by National Societies in addressing humanitarian challenges have also promoted opportunities for intergenerational dialogue and coaching as well as increasing life skills among young people.

#### Gender

Gender was also addressed as a collective pledge, submitted by the International Federation and co-signed by sixty-three National Societies, as a cross-cutting theme aimed at systematically integrating a gender perspective into all policy work as well as into research. In

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##### *The skills and values based pledge*

Red Cross and Red Crescent young people are reaching out and playing a big role in promoting a culture of non-violence and peace through the International Federation flagship initiative Youth as Agents of Behaviour Change and youth-led community initiatives. These include approaches to addressing violence prevention such as “Positive Images” by the British Red Cross; “Save-a-Mate” by the Australian Red Cross and the “Street Mediation” project by the Norwegian Red Cross in collaboration with the Danish, Romanian, Lebanese and Belize Red Cross.

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In this area, the International Federation and National Society co-developed a flagship initiative Youth as Agents of Behaviour Change (YABC) which empowers youth to take up a leadership role in changing mind-sets, attitudes and behaviour through school interventions or community awareness-raising activities such as sports, arts, music and theatre which foster dialogue, mutual understanding and non-violence. It counts over 1600 trained peer educators in 126 National Societies world-wide so far.

addition the Pledge aims to support efforts in advocating for legislation that tackles stigma and discrimination on the basis of gender, as well as applying a gender lens to National Societies' statutes, and creating conditions favourable for gender balance at all levels in governance, management and staff. On the basis of significant consultations with over 40 National Societies the International Federation has launched the *Strategic Framework on Gender and Diversity Issues 2013-2020* and the number of staff has been increased globally to promote its implementation. *Minimum Standard Commitments to Gender and Diversity in Emergency Programming* with an associated training programme has been developed, which will also allow performance measuring on gender and diversity in emergency plans of action, responses and operations. The RC RC Global Gender and Diversity Network comprises sixteen National Societies.

### Road Safety

Another collective pledge was made by the International Federation, co-signed by 25 National Societies and 7 governments, committing themselves to work together to reduce road crash deaths and injury. The sponsors of the pledge promised to engage in a public dialogue and to pursue advocacy efforts to improve road safety outcomes in accordance with the five pillars of the "United Nations Decade of Action for Road Safety"; namely, Road Safety Management, Safer Roads, Safer Vehicles, Safer Road Users, and Improved Post-Crash Care. It was also promised to strengthen capacities and to mobilise new resources and to support National Societies in their efforts to implement road safety programmes with support from the Global Road Safety Partnership (GRSP) as the International Federation reference centre. In 2014 a survey of 142 National Societies was completed to examine trends in their road safety programming. It was shown that 70% of National Societies have placed road safety on their agenda and are actively carrying out interventions. 82% of National Societies expressed the intention to play a bigger role in promoting road safety, mostly in Africa, the Americas and the Asia Pacific region where road traffic injuries and deaths are a growing problem. The survey also showed that most National Societies are not leveraging their position as auxiliary to their respective governments to promote the passage and implementation of evidence-based road safety policies even though literature suggests that strong road safety policies are one of the most effective ways to achieve sustainable reductions in road traffic injuries and deaths. As such, there is room for focus and improvement in this area of policy advocacy. In its role as the International Federation Reference Centre for Road Safety, the GRSP is supporting National Societies around the world to design and implement road safety programmes, advocate for the passage and implementation of road safety policies and to support government agencies in implementing sustainable road safety interventions. The GRSP's website also provides relevant technical documents for National Societies and will be expanded in the coming year to include a digital resource centre. For more information see [www.grsproadsafety.org](http://www.grsproadsafety.org).

### **2.2. Building stronger National Societies**

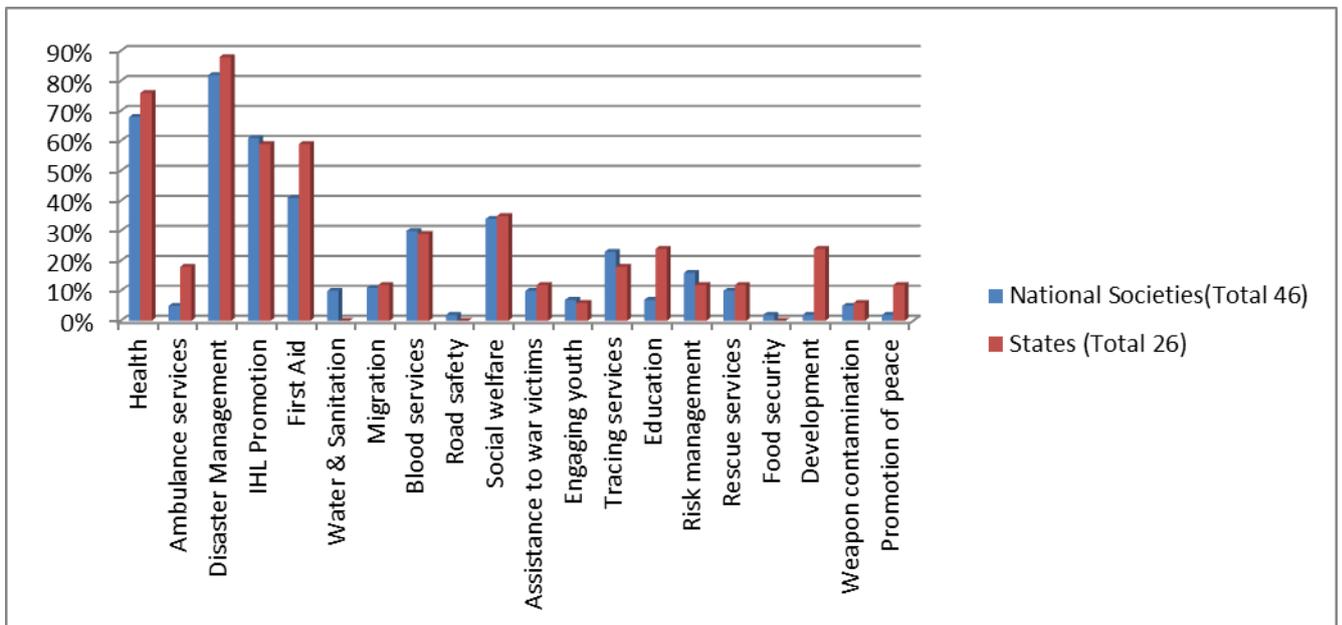
**Resolution 4** "Furthering the auxiliary role: Partnership for stronger National Societies and volunteer development" was adopted under the sub-theme "Building stronger National Societies". The Resolution recalls the specific and distinctive partnership between States and National Societies entailing mutual responsibilities and benefits as **auxiliaries to their public authorities in the humanitarian field** based on international and national laws in which the State and the National Society agree on the areas in which the latter supplements or substitutes for public humanitarian services. National Societies are specifically encouraged to initiate and pursue a dialogue with their public authorities with a view to

strengthening their legal base in domestic law. States are called upon to create favourable conditions and effective access for National Societies to people in need. States are also encouraged to support, and to provide a regular flow of resources to their National Societies in order to contribute to their operational needs, as well as to their good functioning and development in the realisation of their roles as an auxiliary in the humanitarian field.

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„The *Australian Red Cross* actively promotes its role as auxiliary to their government in the humanitarian field, including through regular meetings with Federal and state/ territory members of government and senior bureaucrats as well as through the National IHL Committee. A *‘Guide for Parliamentarians to the International Red Cross Red Crescent Movement’* has been produced which provides information on the auxiliary role of National Societies.“

The survey conducted a follow-up to Resolution 4 and asked National Societies and States to describe in which areas of activity National Societies are tasked to perform their role as auxiliaries in the humanitarian field. The following chart illustrates the responses with the most often mentioned areas of activity being disaster management, health, promotion of international humanitarian law, first aid, social welfare and blood services (in that order) :



The great majority of respondents, both from National Societies and from States, saw the highest value in a further formalisation of the National Society’s auxiliary function and of the mutual responsibilities implied therein, including through the adoption of sound and comprehensive National Red Cross or Red Crescent Society laws or regulations, the conclusion of specific agreements with Ministries at the national level or with public authorities on a regional or community level, as well as through the definition of National Society roles in specific thematic legislation (e.g. disaster response laws). While most National Societies are established or recognized in the domestic legal order through a national legislative or regulatory act, some of these instruments remain very succinct declaratory texts which do not fully define the National Society’s distinct status nor its auxiliary functions.

Many National Societies and States also reported having a regular dialogue pertaining to the National Society’s respective auxiliary roles and emphasized this as an important step to

enhance and consolidate a common understanding of the auxiliary function, of the distinct and privileged status of a National Society, and of the mutual responsibilities that such a role implies. Responses also suggested that national IHL Committees, where they exist, serve as an important forum to discuss the auxiliary role of the National Society and its implications.

The resolution calls upon States to create the conditions for a more favourable and effective access by National Societies to people in need. States reported having taken steps to that end mostly through legal provisions and agreements, but also by inviting National Societies to serve as members in relevant national coordination bodies, such as national emergency response committees or advisory committees on civil protection or disaster prevention. Others specifically associate National Societies with the process of drafting national contingency plans (such as a national response plans to forest fires as in the case of Portugal or of Romania). The great majority of National Societies receive support from their government to fulfil their role as auxiliaries to the public authorities in the humanitarian field.

Nevertheless, many National Societies reported a range of challenges faced in the fulfilment of their auxiliary role to public authorities. With or without formal agreements, several National Societies reported instances of misunderstanding having occurred with public authorities in the implementation and performance of their auxiliary function. This had required efforts to explain the auxiliary role towards public authorities, not only on a national level, but also at local levels. The auxiliary role is also required to be translated into sectorial laws and regulations, such as national disaster management laws or contingency plans. Consistently applying the Fundamental Principles, especially the Principles of Independence,

“Due to our strong auxiliary role with the Government, there are times when we are asked to perform duties that are not normal for us. For example, during the unaccompanied child influx last summer, the government asked us to operate detention facilities for the detained children. We agonized over the request explaining that there is a difference between operating a shelter during a disaster when people are free to come and go as they wish and operating a detention facility in which the residents are restricted from leaving the facility. Through our Spanish speaking volunteers and staff, we figured out many ways to serve these children at their time of need.”

*American Red Cross*

Impartiality and Neutrality, while acting as an auxiliary to the government, was also reported to be at times a challenging task, especially in situations of armed conflict or of internal disturbances and tensions where roles so easily blur. Another category of difficulties is the perception of the auxiliary role by the public, where it may not be well or fully understood.

Both the ICRC and the International Federation have been actively engaged in supporting National Societies, through their field representations and their country or regional Delegations and Offices to enhance and consolidate the auxiliary function of National Societies through the adoption of sound domestic legislation and of comprehensive National Societies' statutory

base instruments and by-laws. During the reporting period, such advice was also regularly conveyed to National Societies through the work of the ICRC/International Federation Commission for National Society Statutes.

In support of the resolution, the International Federation, in consultation with National Societies, has created a Guide to the auxiliary role of Red Cross and Red Crescent National Societies. The Guide is meant to be used by National Societies in the dialogue with their

public authorities counterparts, to increase understanding of the auxiliary role or grow that role. It provides clear and simple information to showcase the auxiliary role as a tool which clarifies roles and responsibilities in the humanitarian field within the framework of the Fundamental Principles. Five versions of the Guide are available, showcasing practical examples of how the auxiliary role creates a space for dialogue and partnership, in different regions.

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##### *Belgium and the Belgian Red Cross*

The National Society sits on the High Council for Volunteers, a forum for consultation and advice to the government on all aspects of volunteering and volunteering laws. Generally volunteering in Belgium is well regulated by the law. Until 2014 however the possibility to volunteer was limited to Belgian citizens. The result of the advocacy work carried out by the Belgian Red Cross and other associations, inter alia referring to resolutions 3 and 4 of the 31<sup>st</sup> International Conference, was a new Act which was adopted in 2014 and henceforth allowed access to volunteering also to foreigners with a residence permit.

A second section of Resolution 4 focused on **volunteering development**, in line with the recent work done by the International Federation through the “Global Review on Volunteering (2012-2013)<sup>2</sup>” which is the largest evidence-based work on volunteering done in the humanitarian sector. The Resolution encouraged States and National Societies to review their domestic legislation with a view towards volunteering. It does not, however, provide clear criteria against which the legislation is to be reviewed. It is therefore not surprising that the reviews that have been carried out have resulted in more general responses. 33 of 57 countries (58%) which responded to the survey have indicated that they have reviewed their domestic legislation in regards to volunteering with varying results. In 14 countries the adoption of new laws or regulations were reported.

The Resolution also encourages National Societies to include adequate provisions defining the status, the rights and duties of volunteers within their statutory and constitutional base instruments. While many

National Societies report having made such provisions either in their statutes or Constitutions, or in a volunteering policy, a large number of National Societies describe granting some protective measures for their volunteers without any formal regulations. The great majority of countries have domestic emergency response plans which envisage a role for volunteers in the case of an emergency. Volunteers therefore may work in potentially dangerous environments and may be exposed to risks. Approximately 65% of the countries which have responded to the survey provide some form of protective measures for their volunteers, such as insurance, safety and security standards, training, protective equipment or psychosocial support. A conservative estimate of the International Federation suggests that approximately a third of all National Societies have insurance for their volunteers, while it is difficult to acquire reliable and accurate data in this regard. For National Societies which do not have insurance for their volunteers the International Federation has initiated a basic volunteer accident insurance scheme. For the cost of 1.5 CHF per volunteer per year accident insurance can be covered by a global insurance scheme. The number of National Societies that are covered under this theme has increased during the reporting period.

<sup>2</sup> The International Federation Global Review on Volunteering will be published in October 2015. It will feature the current and future trends on volunteering to encourage in depth discussions as well as concrete actions for National Societies and Governments to take forward in strengthening volunteerism locally and globally.

National Societies are encouraged, however, to seek local insurance tailored for their contexts in which volunteers serve. Nonetheless, this remains a challenge.

National Societies were encouraged to promote volunteering in their respective countries, including the promotion of diversity in their volunteer base. Activities range from public or social media campaigns, training and retention strategies, volunteer exchange programmes, cooperation agreements and joint projects with educational institutions, summer engagement programmes for youth volunteers, the participation in volunteer networks, or organizing events to honour the volunteers.

Two important pledges were made under the theme “Building stronger National Societies”, which however do not directly relate to the resolution on the auxiliary role and on volunteering.

The Digital Divide Initiative (DDI): Recognizing that modern information and also communication technology (ICT) allow us to be more efficient, to work more closely with partners and to better reach out to vulnerable communities but recognizing that access to these opportunities is not distributed equally around the globe, the International Federation made a pledge at the 31st International Conference to work towards closing the ‘digital divide’. The pledge was co-signed by sixty National Societies and was thus the pledge with the most sponsors of the Conference which reflects broad support for the initiative and its potential. The initiative clearly shows that its interventions increased the ICT capacity of the National Societies participating in it. The programme planned to assist eighty National Societies by the end of 2015. Twenty-eight National Societies have completed projects and a further seventeen have completed plans for implementation. Lack of funding slowed progress, however, the initiative is now integrated in capacity building programming and has established a range of standard methodologies and tools. It has demonstrated the need and also the potential that lies in improving access to the opportunities modern technologies offer for greater impact of the National Societies’ work, and will continue beyond 2015 with a renewed focus on capacity building and on innovation.

The Safer Access Framework: Another relevant pledge under this theme was made by the ICRC. It aims at preparing National Societies for and responding to armed conflict and other emergencies and stimulated the development of the Safer Access Framework. In sensitive and insecure contexts, National Societies are increasingly prevented by weapon bearers and others from providing humanitarian services, or are hindered or harassed when they do so.

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The *Safer Access Framework (SAF)* contains a set of interconnected preparedness and response actions and acceptance measures, grounded in the application of the Fundamental Principles of the International Red Cross and Red Crescent Movement and other Movement policies. It is the cornerstone of The Safer Access Resource Pack which comprises a set of print, audio-visual and electronic resources including:

- A guide for all National Societies as the core product;
- National Society case studies and selected experiences;
- A video that demonstrates the practical application of the Safer Access Framework;
- A practical toolbox that contains ‘how to’ tools, templates, good practice and reference materials.

As a consequence, people in need may be deprived of assistance or even suffer direct harm. To help address these growing challenges to National Societies acceptance, security and access to people, the ICRC had committed to work with them to prepare for and respond to armed conflict and internal disturbances and tensions. The Safer Access Framework (SAF), which was first developed together with National Societies in 2003 and utilized by many for

“Since the beginning of the internal armed conflict in Ukraine, which started in 2014, there have been many cases of violations of the use of the symbols of the Red Cross, particularly in the east of Ukraine. Therefore, the National Society’s activity has been focused on the strict compliance with the Ukrainian Law “On the Red Cross, Red Crescent and Red Crystal emblems in Ukraine”. During meetings of the Interagency Commission on the implementation of IHL and during meetings with representatives of the Ukrainian General Armed Forces Headquarters, attended also by representatives of the ICRC, the topic of the improper use of the Red Cross emblems was raised many times. In particular it was reaffirmed that the misuse of the Red Cross emblems can diminish the patients’ and medical services’ security and that it negatively affects the assistance to the wounded and sick, as well as the delivery of humanitarian assistance.”

*Ukrainian Red Cross Society*

over a decade, was updated based on their more recent experience and good practice resulting in the production of a guide for all National Societies, complemented by additional practical tools. The ICRC has also reinforced its ‘on the ground’ engagement and support strategy, which includes the provision of intensive 3-day Safer Access Assessment and Planning workshops conducted by a core of trained facilitators from peer National Societies and the ICRC, and supports other forms of peer engagement and learning opportunities between National Societies.

### 3. Addressing barriers to health care

#### 3.1. Health Care in Danger

After the Council of Delegates in 2009 first addressed the alarming occurrence of frequent attacks committed against health-care workers, facilities and medical transports in armed conflict or other emergencies the International Conference brought this serious problem to the agenda in 2011 and adopted **Resolution 5** “Health Care in Danger: Respecting and Protecting Health Care”.

One of the most important steps taken during the last four years was the holding of a series of global workshops, organised by the ICRC in cooperation with States, National Societies and NGOs. The aim of these workshops was to examine the many different aspects of the topic in order to be able to address them more concretely. The background report “Health Care in Danger: Continuing to protect the delivery of health care delivery together” which is submitted to the 32<sup>nd</sup> International Conference describes the content and recommendations deriving from those global workshops in detail.

The requests for action in the resolution on Health Care in Danger were quite different for National Societies and for States. **National Red Cross and Red Crescent Societies** have been asked to be active in the area of advocacy to enhance the understanding of the problem of violence against health care – towards their governments, the health care community and the general public. Most National Societies have reported regular contacts with their government officials in the form of sensitization meetings, information workshops, seminars, training courses, discussions or round-tables. National Societies have also used different modes to communicate and disseminate the main messages of the Health Care in Danger project, through social media, their websites, visual campaigns, publications,

## HORIZONTAL COOPERATION

The Norwegian Red Cross is one of the key partners for the project and supporting selected National Societies is one component of its response:

- Funded a roaming delegate to work with selected National Societies in developing their operational response to strengthen safe access to and protection of health care and/or to improve interpersonal violence and stress management skills of staff and volunteers working in health-care facilities
- Facilitated two regional workshops with National Societies from the Americas and the Middle East North Africa regions. Outcome: a collection of operational best practices for ambulance and pre-hospital services in risk situations;
- Provided training on "Interpersonal Violence Prevention and Stress Management" to sister National Societies in order to develop skills to handle potential interpersonal tensions in health-care facilities.

roundtables or panel discussions. Some National Societies have reached out to educational institutions, others have engaged in research, conducting case studies or collecting data.

National Societies were also requested to support and strengthen the capacities of local health care service and to invest in training and instruction for health care staff and volunteers in order that they better understand their rights and obligations especially in the face of violence. National Societies work also to enhance their access, acceptance and security in order to carry out their role of health care providers in armed conflict or other emergencies. Most National Societies have integrated elements of the Health Care in Danger project in their regular training schedules, such as security measures for staff and volunteers, for equipment and for facilities as well as linking to important elements of international humanitarian law. The Canadian Red Cross and many others have worked to integrate the Safer Access Framework (SAF) into their domestic disaster management policies and frameworks. Both the Honduran and Mexican Red Cross provide training in SAF and have developed a Safer Access Manual for their respective contexts. Some are planning to integrate SAF more into their work in the near future. Several National Societies have a strong cooperation with universities and medical schools. They give lectures or provide training to future doctors and nurses.

The role of **States** in ensuring safety of health care delivery strongly lies on the legislative side. The Resolution calls upon States to take legislative, regulatory and practical measures to protect health care personnel, facilities and medical transports, including through the adoption of national legislation for the protection of the distinctive emblems of the Red Cross and Red Crescent and of other emblems recognized under the 1949 Geneva Conventions and their Additional Protocols. In the past four years, a number of States passed new laws or decrees regulating the use of the emblems and providing for penalties in the event of misuse. Furthermore, some 13 States<sup>3</sup> acceded to the 2005 third Additional Protocol to the Geneva Conventions.

States' armed forces and security forces are to protect the wounded and sick as well as health care services through appropriate doctrine, procedures, guidelines and training. Most States which responded to the survey reported that no significant changes were made to their curricula, as measures to protect the wounded and sick and strengthen health care

<sup>3</sup> Nauru, Panama, Uruguay, Kenya, New Zealand, South Sudan, Surinam, Portugal, Sweden, Belgium, Luxembourg, Palestine, Romania.

services are a standing part of their regular trainings. In many countries trainings of the armed forces in matters relating to the international humanitarian law is carried out by the ICRC and/or the respective National Society, which has extensive programs to ensure the military integrate all relevant aspects of international humanitarian law (including HCiD) into their training, education, doctrine, manuals, standard operating procedures, etc.

The Resolution also requests States to provide domestic legislation to sanction attacks as well as other interferences with the delivery of health care in armed conflict or other emergencies. Most countries that have responded to the survey reported that their penal codes make all the necessary provisions to sanction any breach of international humanitarian law including disturbances of humanitarian tasks such as health-care delivery. A few countries have adopted new or amended existing legislation: e.g. Austria and Germany have made amendments to their existing criminal codes, Ecuador adopted a new Criminal Code in 2014.

A few States have been engaged in diplomatic initiatives: Norway, on behalf of the group of seven countries, part of the Global Health and Foreign Policy Initiative (including Brazil, France, Indonesia, Senegal, South Africa and Thailand) proposed a Resolution to address the need to prevent violence against health-care workers. It coordinated negotiations among these States and then presented the Resolution to the United Nations General Assembly where it was adopted in December 2014 by consensus and co-sponsored by 62 countries. France adopted an opinion through its National Consultative Commission of Human Rights on the respect and protection of humanitarian workers in 2014.

Resolution 5 requested the **ICRC** to enhance the understanding, both on a national and international level, of the major humanitarian problem of violence against patients and health-care workers, facilities and medical transports. A strong focus as previously outlined, were the global workshops that have been carried out. The ICRC has also conducted data collection of violent incidents against health care staff in situations of armed conflict or other emergencies and published reports (for more information see [www.healthcareindanger.org](http://www.healthcareindanger.org)). The ICRC has also continued its efforts to support and strengthen the capacity of local health-care facilities and personnel around the world and to train staff and volunteers in the provision of effective medical assistance and in matters pertaining to their own security. The ICRC has also convened the HCiD Movement Reference Group, comprised of twenty-seven National Societies<sup>4</sup> and the International Federation, whose purpose is to provide guidance on the project and to champion the initiative within their own context and on a regional and international level.

- An important element of Resolution 5 is the call to develop and nurture partnerships and build a 'community of concern' with a broad range of stakeholders. Key partners in the

#### HIGHLIGHT

Since 2011 Colombia has adopted:

- A Manual of the Medical Mission 2012;
- A directive from the Ministry of Defence promoting workshops on IHL with a focus on protecting the Medical Mission;
- A Manual for Instructors of Military First Aid Providers which includes provisions and rules in regards to the education and training of health personnel in compliance with IHL.

<sup>4</sup> National Societies in Afghanistan, Australia, Canada, Colombia, Egypt, Germany, Indonesia, Iran, Israel, Kazakhstan, Kenya, Lebanon, Libya, Mexico, Nepal, Nigeria, Norway, occupied Palestinian territory, Pakistan, Philippines, Senegal, Somalia, South Sudan, Sweden, Uganda, United Kingdom and United States.

project were inter alia Médecins Sans Frontières (MSF)<sup>5</sup>, the International Council of Nurses (ICN), the International Committee of Military Medicine (ICMM), the World Medical Association (WMA), and the International Pharmaceutical Federation (FIP).

- In 2014, the International Hospital Federation (IHF), the ICN and the World Confederation for Physical Therapy signed cooperation agreements with the ICRC. The International Federation of Medical Students' Associations began working with the WMA, the ICN and the ICRC to develop a strategy for limiting the risks faced by health-care workers.

In June 2015, at an event hosted at ICRC headquarters in Geneva, the WMA, the ICMM, the ICN and the FIP launched the *Ethical principles of health care in times of armed conflict and other emergencies*.<sup>6</sup> At the 65<sup>th</sup> World Health Assembly in May 2012, the World Health Organization (WHO) adopted a resolution emphasizing the importance of ensuring safe access to and delivery of health-care services during humanitarian crises.

The last four years can be understood as having prepared the ground for more targeted and more action oriented steps in the near future. The global consultations and the strong advocacy work of National Societies and the broader health care community, both in domestic contexts and internationally, have helped enhance the understanding of the grave and serious humanitarian consequences of violence against health care. Concerted efforts to strengthen the capacities of the health care community, including Red Cross and Red Crescent National Societies, to deal with those threats and to develop or improve the normative frameworks within States are among the steps that are needed next.

### 3.2. Health inequities

#### HIGHLIGHT

Following on from the success of the first aid mobile app in 2012, the *British Red Cross* launched a baby and child first aid mobile app in May 2013 for parents and carers. This free app is made up of useful videos, animations and tips and provides simple and easy advice, and each skill only takes minutes to learn.

**Resolution 6** “Health inequities: reducing burden on women and children” addresses inequities as systematic differences in health. In agreement with the World Health Organization’s concerns, it draws the attention to the continuing and vast inequities – both between and within countries - with regards to access to information, prevention, treatment and services in the health sector. These inequities often make women and children not only vulnerable but reflect systematic disadvantages which leave them

deprived of the opportunity to enjoy the highest attainable standard of health. This in turn is formulated as one of the fundamental rights of every human being.

The Resolution encourages action to improve the provision of health-care services for women and children, promoting knowledge about health seeking behaviours and a commitment to gender equality and non-discrimination with a special focus on women, children and adolescents. The focus on women and children is for three simple reasons<sup>7</sup>: (1) Women are more likely to face health inequities because pregnancy and childbirth are life events that expose women to greater risks. (2) Women are the gateway to improving the health of their children and entire households, and (3) the burden of caring for sick children and elderly mainly falls on mothers and other female carers. This in turn leads to less

<sup>5</sup> MSF has launched its own project named (Medical Care under Fire), there has been strong collaboration and synergies between MSF and HClD.

<sup>6</sup> [www.icrc.org/en/event/ethical-principles-health-care-times-armed-conflict-and-other-emergencies](http://www.icrc.org/en/event/ethical-principles-health-care-times-armed-conflict-and-other-emergencies)

<sup>7</sup> International Federation (2011): Eliminating health inequities. Every woman and every child counts.

capacity for paid work and cuts off access to resources that help promote good health. Poverty is a known factor to exacerbate health inequities – a vicious circle!

Of the fifty National Societies which responded to the survey most report that they provide health services focused on women and children, often those within highly vulnerable groups, such as migrant populations or populations in remote areas, people with disabilities and/ or older people depending on the regional or national context. The National Societies usually provide these services for free. Some National Societies run clinics, others have mobile health units in order to reach the more remote regions. In some countries National Societies have made efforts to increase the number of female staff and volunteers in these clinics, where male doctors or male health staff general would be a barrier to making use of such services.

Health programmes targeting the needs of women and children are usually integrated in health programmes that address needs in the specific national context, such as malaria or HIV prevention, programmes for victims of trafficking, programmes monitoring the nutrition status of children or psychosocial support programmes. Several National Societies run family health centres and hold workshops on topics such as violence and abuse prevention, reproductive health, or the vaccination of children.

Most Partner National Societies emphasise their international activities as they are engaged in poorer countries with their programmes targeting specific populations, such as women and children with services across the entire continuum of care (pregnancy care, assistance during childbirth, monitoring of newborns as well as vaccinations including awareness campaigns, education on reproductive health for adolescents etc.)

Programmes for reproductive and sexual health for adolescents and young adults are mostly embedded in educational programmes. Most National Societies mention the approach of peer to peer education, mostly carried out by the Red Cross or Red Crescent Youth. Many National Societies reach out to schools, universities and other educational institutions with general information on reproductive and sexual health that includes components to prevent HIV or other sexually transmittable diseases. Several National Societies distribute free condoms. Some National Societies report that they work towards the prevention of teenage pregnancies.

Many States report that they run programmes to decrease health disparities, many of which are specifically targeted at vulnerable groups or more generally at women and children. Most States make reference to their legal frameworks and health policies. They also refer to the concept of access to appropriate health care as a basic human right. Several States have passed new legislation or developed new health plans with the aim of tailoring their health systems to the needs of different groups within the populations, taking into account their vulnerabilities. An interesting example of a participatory process in developing a health strategy is Austria: In 2011 the Federal Health Commission started a process of developing health targets on federal level. Recognizing the fact that population health is profoundly influenced by many factors that lie outside the health sector, a broad range of stakeholders were invited to participate in the process. Also anyone who was interested in the process was invited to express their views through an online platform. The “10 Health Targets” which were approved by the relevant authorities in 2012 are the first step in a longer-term process to formulate and implement an encompassing health strategy “Health for All”.

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The *Government of Argentina* has taken action towards more equity in public health. It provides free health care for children, adolescents and women up to 64 years. For this purpose the National Programme for Health Equity was created (PNEST) based on an understanding of health as a universal right that should be guaranteed to all people in the country. Through its mobile health units the PNEST provides health care throughout the country to carry out medical check-ups, diagnostics and treatment in areas where there is little access to health care otherwise. Within the Ministry of Health a Secretariat for Equity in Health was created by Presidential Decree, including a National Directorate of territorial equity in health whose primary responsibility is to plan, implement, monitor and evaluate plans, programmes and projects to reduce the impact of health determinants and strengthen existing networks in order to reduce inequalities in the different health services and improve access to such services.

National Societies were asked to survey, evaluate and measure the state of health inequities in their own countries. States similarly were encouraged to conduct further research to gain a better understanding of the states of health equity in their respective countries. Only eight

National Societies report having reviewed their national health plans or monitoring the state of health inequities in their country, while a large majority of National Society report not having carried out such activities. On the side of States, very few report having conducted systematic research to monitor and better understand the state of health equity in their country. There are positive examples in some countries of the Americas. Chile has been conducting studies *inter alia* on the nutritional status of children under the age of six and on the status of adolescent health. Honduras has conducted studies prior to drafting a new health care law which addresses inequities in access to adequate health care. The Colombian Ministry for Health and Social Welfare has put in place a ten Year Public Health Plan 2012-2021 with a vision "to overcome health inequities as a cornerstone for achieving poverty reduction, achieving social equity and consolidate peace, guaranteeing all citizens the comprehensive improvement of welfare and quality of life".

The Resolution also encourages both National Societies to make use of their distinctive partnership as auxiliaries. Very few National Societies have reported to have engaged in a dialogue with their governments using their auxiliary function to advocate for more equity in health in their country. Much could be gained by working more closely with their public authorities, such as strengthening expertise in interpreting national health policies with a gender equity lens. Most National Societies focus on providing health services to vulnerable groups but do not address specific social and regulatory barriers that cause the health inequities they aim to tackle. Most National Societies do report working in partnership with other stakeholders, although not in order to strengthen and extend their advocacy effectiveness but rather to join forces in programming, in most reported cases in health programming generally. The better resourced National Societies emphasize their international activities often in partnership with their own governments as donors.

The International Federation in Geneva did an overview and analysis of various reproductive maternal newborn child and adolescent health (RMNCAH) programmes and developed a

collection of case studies in 2014<sup>8</sup>. The case studies are from Afghanistan, Ethiopia, Guatemala, Haiti, Honduras, Liberia, Myanmar, Nicaragua, Pakistan and Somalia, featuring innovation and impact. Some of the main findings of the study refer to the importance of a continuum of care to volunteers as a unique resource to bridge gaps between communities and the health system as well as to the importance of promoting gender equality, e.g. engaging men and adolescent boys to improve sexual and reproductive health and RMNCAH outcomes.

It is apparent that National Societies and State Authorities are engaged in implementing programmes and policies that address and work towards decreasing health disparities, mostly by providing much needed health services to vulnerable groups. In order to tackle issues that arise from systematic differences in health more sustainably however more needs to be done on a structural level.

#### 4. Strengthening disaster laws

Strong legal and normative frameworks for disaster risk management are indispensable tools for making communities safer, organizing rapid relief and ensuring full and equitable recovery from disasters. In 2011, the International Conference adopted **Resolution 7**<sup>9</sup> addressed three key areas of law and regulation: (1) regulation of international disaster response, known as IDRL, (2) legislation for disaster risk reduction (DRR), and (3) regulatory barriers to the provision of emergency and transitional shelter after a disaster.

##### 4.1. Legal preparedness for international disaster response

In 2007, the 30<sup>th</sup> International Conference adopted the "[Guidelines for the domestic facilitation and regulation of international disaster relief and initial recovery assistance](#)" (also known as the "IDRL Guidelines"). The IDRL Guidelines are recommendations to

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- The *Lesotho Red Cross Society* works in collaboration with its Ministry of Gender, Youth, Sports and Recreation on mainstreaming gender issues. Negotiations are in process for signing a Memorandum of Understanding between the National Society and the Ministry;
- Lesotho Red Cross Society has included sexual and reproductive health in its community based first aid programming;
- The Lesotho Red Cross Society's peer education is highly regarded by other civil society organizations, and they frequently invite the National Society's peer educators to facilitate workshops;
- The Lesotho Red Cross Society participates in immunization campaigns for children and 5.
- All Lesotho Red Cross health services are free.

governments on how to avoid the most common regulatory problems in international relief operations through well-considered laws, rules and procedures. The Conference also called on National Societies, with the support of the International Federation, to support States in making use of the Guidelines. In 2011, Resolution 7 of the 31<sup>st</sup> International Conference reiterated the urgency for states to improve their legal preparedness for international disaster response and called on National Societies to continue their support to States.

<sup>8</sup> IFRC (2014): Reproductive, maternal, newborn and child health today. Overview and implementation analysis, available online at: <https://www.ifrc.org/Global/Documents/Secretariat/RMNCH%20Today-EN-LR.pdf>

<sup>9</sup> Resolution 7: Strengthening normative frameworks and addressing regulatory barriers concerning disaster mitigation, response and recovery. Available at: [http://rcrcconference.org/wp-content/uploads/sites/3/2015/03/R7\\_Disaster\\_Laws\\_EN.pdf](http://rcrcconference.org/wp-content/uploads/sites/3/2015/03/R7_Disaster_Laws_EN.pdf)

To date, National Societies, with the support of the International Federation, have been involved in formal technical assistance projects in over 40 countries to assist their authorities in assessing and strengthening their regulatory frameworks in light of the IDRL Guidelines. Some [21 countries have adopted new laws or procedures](#) thus far drawing on the recommendations of the IDRL Guidelines assistance and sixteen others have drafts pending adoption. The International Federation and partners, including UN OCHA, the Inter-Parliamentary Union and numerous regional organizations, have been active in promoting dialogue and training on these issues and in developing subsidiary products such as a model laws, decrees and regulations.

While this is important progress, it remains the case that the vast majority of countries still lack comprehensive procedures necessary to ensure effective disaster cooperation. As a result, operations continue to be affected by bottlenecks in the entry of relief goods and personnel as well as gaps in competency, quality and coordination. The International Federation has been leading consultations on how to accelerate progress. A detailed report on the progress to date, the challenges encountered, and the results of consultations, is being separately developed for members of the 32<sup>nd</sup> International Conference.

#### 4.2 Legislation for Disaster Risk Reduction

Disaster Risk Reduction has been on the agenda of International Conferences since 2003. Particular attention was brought to the issue of law and regulation for disaster risk reduction at the 31<sup>st</sup> International Conference, where states were called to examine the extent to which their existing laws support disaster risk reduction (DRR), particularly at the community level, with support from National Societies, the International Federation and UNDP.

At the international level, the Hyogo Framework of 2005 has been an important guide for informing actions to reduce disaster risk. In March this year the UN World Conference for disaster risk reduction took place in March 2015 in Sendai/ Japan. This conference took stock of the developments in disaster risk reduction and negotiated and adopted the successor agreement – the Sendai Framework for Disaster Risk Reduction 2015-2030<sup>10</sup>. This agreement includes a number of references to the importance of strong legal and policy frameworks for DRR and elevated the “strengthening disaster risk governance to manage disaster risk” to one of its top four priorities. Over the past years the International Federation and the United Nations Development Programme (UNDP)

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*Mexico's General Law on Civil Protection of 2012* establishes new and clear institutional mandates on full integration of DRR within Mexico's national DRM system (SINAPROC). The DRM law is the key element in a federated national DRM system in which states have autonomous legislatures, while municipalities have devolved powers under the constitution that include civil protection, land use planning, building permits and environmental management. It thus supports a multi-level legal framework. This law is the culmination of a ten year process that has redefined the civil protection approach towards a holistic and integrated risk management approach. It recognizes that risks are generated by multiple factors, including political decisions, land use planning and cultural aspects, and its objective is to mainstream the DRR approach throughout all government levels and the social and private sectors.

<sup>10</sup> The Sendai Framework for Disaster Risk Reduction 2015-2030, available at: <http://www.wcdrr.org/conference/outcomes>.

collaborated in researching the impact of effective laws and regulations for disaster risk reduction. In 2014 a study of legislation concerning DRR in 31 countries was launched <sup>11</sup>. That report found that there has been significant global progress in updating disaster management acts to include more focus on DRR and that a number of states had good examples of improvement in their legal frameworks, which in turn result in increased effectiveness in reducing risks. However, there were also gaps, including; the mismatch of significant responsibilities for the implementation of DRR activities mandated to local authorities without corresponding funds; lack of rules to ensure the engagement of communities and civil society organizations in decision-making about DRR and a lack of inclusion of DRR approaches in key sectoral laws, including those related to land use, building permits, environmental protection and natural resource management. The report further found significant gaps in the implementation of existing laws and a few formal mechanisms available to ensure accountability and oversight when rules and mandates were not followed.

The survey which was to assess the implementation of resolutions and pledges made at the 31<sup>st</sup> International Conference included a question on reviewing existing legal frameworks with regards to disaster risk reduction components at the community level under Resolution 7. While several States confirm having satisfactory legislation in place, others such as Honduras describe an ongoing process of reviewing their legislation. New laws have recently been passed in Mexico and Colombia.

In support of the Sendai Framework the International Federation together with UNDP, has developed a “Checklist for law and disaster risk reduction”<sup>12</sup> a practical tool to assess the suitability of national legislation with regards to disaster risk reduction. The tool provides a prioritized and succinct list of ten key questions that lawmakers, implementing officials, and those supporting them need to consider in order to ensure that their laws provide the best support for disaster risk reduction. It covers not only dedicated disaster risk management laws but also other sectoral laws and regulations that are critical for building safety and resilience, as well as the environment, land and natural resource management. It is designed to (1) serve as an assessment tool to guide a review process of national and local level laws and regulations that can enhance disaster risk reduction; and to (2) provide guidance on how to bring national legal frameworks in line with existing international standards, in particular, the Sendai Framework for Disaster Risk Reduction 2015-2030.

#### **4.3 Regulatory barriers to providing emergency and transitional shelter in a rapid and equitable manner after natural disaster**

As a third element, Resolution 7 addresses regulatory barriers to a rapid and equitable provision of emergency and transitional shelter in the aftermath of disasters. The 31<sup>st</sup> International Conference noted with concern that such regulatory barriers are amongst the most difficult obstacles that the Red Cross and Red Crescent and its humanitarian partners face in providing emergency and transitional shelter after disasters to people whose homes have been damaged or destroyed, and that this leads to the prolonged suffering of people. While all countries have a regulatory framework that applies to housing, land management, urban planning and building codes, these regulations and administrative procedures are

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<sup>11</sup> The publication “Effective law and regulation for disaster risk reduction: a multi-country report” is available at: <http://www.drr-law.org/resources/DRR-Report-full-version.pdf>

<sup>12</sup> The checklist which was published in March 2015 can be found here: [http://www.drr-law.org/resources/The-checklist-on-law-and-disaster-risk-reduction-\(Pilot-version\).pdf](http://www.drr-law.org/resources/The-checklist-on-law-and-disaster-risk-reduction-(Pilot-version).pdf).

often ill-prepared to effectively deal with the specific realities of a sudden-onset disaster. The Resolution affirmed the importance of finding practical solutions for quickly addressing regulatory barriers to the provision of shelter after disasters, it also called on States as well as the humanitarian community, to make every effort to assure equitable shelter assistance between all those in need. Consequently States were encouraged to review their existing regulatory frameworks and procedures relevant to post disaster shelter.

A total of twelve States reported on their progress pertaining to this aspect of the resolution. Of those States, some had recently adopted comprehensive disaster risk management laws including elements on shelter while others count on their existing legislation to sufficiently address the issue. Only approximately 40% of the National Societies which responded to the implementation survey report, have engaged with their governments in a dialogue to support such a review related to regulatory barriers to shelter.

During the reporting period the International Federation has, in close cooperation with National Societies, conducted two regional desktop studies in the Americas and in Asia/Pacific covering six countries each<sup>13</sup>. The aim of the regional studies was to gain an overview of the common regulatory issues affecting post-disaster shelter in the region as a basis for further studies in country. Between 2013 and 2015 country-level regulatory reviews were undertaken in Haiti, Nepal, El Salvador and Honduras. They provide an in-depth analysis of the existing legal framework and its likely impacts on post-disaster shelter assistance. They identified areas of good practice, gaps in regulation and potential barriers, as well as recommendations as to how to address these.

In addition, the International Federation collaborated with the Norwegian Refugee Council and the UN Special Rapporteur for Adequate Housing, to generate a dialogue as to why shelter assistance is often only provided to those who have legal documentation to prove their ownership. A Roundtable on “Security of tenure in humanitarian shelter – programming for the most vulnerable” in June 2013<sup>14</sup> recognised that a more flexible approach to the security of tenure, through recognition of more diverse forms of tenure practices needs to be found so as to ensure a reliable basis for the more equitable delivery of shelter assistance.

The International Federation has worked towards developing a tool<sup>15</sup> for the rapid evaluation of property rights and land tenure. This assessment tool can help to quickly understand which tenure systems exist in a crisis situation, not only to inform the shelter sector but also other sectors such as water, sanitation and livelihoods. It is a useful tool for a more appropriate beneficiary selection but also for practitioners to design and deliver a more

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The *Polish Red Cross* has conducted a detailed and comprehensive study on various aspects of the legal and institutional system, with the objective of identifying potential gaps and obstacles that are likely to hamper international disaster relief, including aspects of emergency shelter. The public authorities welcomed the study as it provides a diagnosis of the current legal and institutional setup, due to the high quality of its content and the multifaceted approach.

<sup>13</sup> Chile, Cuba, El Salvador, Haiti, Honduras, Peru and Indonesia, Nepal, Pakistan, Philippines, Sri Lanka, Vietnam

<sup>14</sup> Hosted by the UK Permanent Mission in Geneva, funded by DFID, co-organized by the Norwegian Refugee Council and the International Federation, documentation (International Federation & NRC (2014) “*Security of Tenure in Humanitarian Shelter Operations*” is available online at:

<http://www.ifrc.org/Global/Documents/Secretariat/201406/NRC%20IFRC%20Security%20of%20Tenure.pdf>

<sup>15</sup> Currently still in draft form, will be finalised by the end of October

effective shelter response, especially considering the variety of hybrid tenure arrangements in urban environments. Another tool currently under development is a “minimum elements” process for participatory community-based land use mapping in the aftermath of a disaster<sup>16</sup>. This is based on the existing practice of many shelter solution providing agencies, including the Red Cross and other partners, when confronted with settings where the formal documentation of land use rights is lacking and it is not clear who is allowed to live where. The “minimum elements” document will seek to harmonize how such mapping processes are carried out to maximize their fairness and thoroughness and build on collective experience.

Both States and National Societies report challenges and obstacles. A frequent response is that the implementation of Resolution requires a longer time horizon, especially as they are faced with complex political structures and varied disaster risk management competencies at regional and community level and legislative and regulatory frameworks spread out over a number of different layers of government and regulatory bodies and often incorporated in sector specific laws. Therefore reviewing legislation and finally adapting it is a very complex process and a thorough dialogue with many different stakeholders is needed.

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<sup>16</sup> Currently still in draft form, will be finalised by the end of November