



150 years of humanitarian action
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COUNCIL OF DELEGATES
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Health Care in Danger

PROGRESS REPORT

Document prepared by
the International Committee of the Red Cross in consultation with National Societies
and the International Federation of Red Cross and Red Crescent Societies

Geneva, October 2013

HEALTH CARE IN DANGER

PROGRESS REPORT

EXECUTIVE SUMMARY

Considerable progress has been made in implementing the Health Care in Danger (HCiD) project since the 31st International Conference, in 2011. The broad range of activities undertaken reflect the complexity of the issue and the need for a multi-layered approach, engaging a number of different stakeholders from both within and outside the Movement and developing contextually appropriate responses.

Expert workshops and diplomatic efforts have been fruitful, with stakeholders being mobilized through consultations to identify concrete measures to address insecurity of health care in their areas of responsibility. National Societies have been integral to this effort, contributing to the Movement Reference Group, engaging with the authorities and health-care personnel in their countries, and supporting and participating in five expert workshops. These workshops have focused on HCiD issues directly relevant to the Movement and have produced close to 150 recommendations, born of operational experience and lessons learned. While many of the recommendations concern long-standing issues for National Societies – such as acceptance and access, respect for the emblem, and the National Society's role and relationship with public authorities – others reflect new and emerging operational issues that National Societies are now confronting. The use of personal protective equipment and how first responders should deal with 'follow-up' attacks are two such examples. The recommendations from the expert workshops will be the focus of discussion at the Council of Delegates workshop and be further analysed in an additional report provided at the Statutory Meetings.

Progress has also been made in mobilizing the health-care community. A memorandum of understanding has been signed by the ICRC and the World Medical Association; a separate but complementary project is being implemented by Médecins Sans Frontières; the ICRC is engaging with the World Health Organization, the International Federation of Hospitals and the International Council of Nurses; and the Safeguarding Health in Conflict Coalition are undertaking training and advocacy activities. All of these efforts are contributing to the global aims of the project.

National Societies, whether by reviewing their operational practices or promoting the project at a more global or strategic level, are contributing to the implementation of the project. In operational contexts, the emphasis has been on problem analysis and improving the delivery of health care on the ground. At a global or strategic level, National Societies have engaged with States, academia and the health-care community. These efforts are supported by a communications campaign that makes a wide variety of communication products and tools available to National Societies.

The Council of Delegates workshop is timely, as we move from the expert-consultation phase of the project to a phase in which all Movement components will be required to take sustained action, by promoting and supporting national implementation of relevant measures and recommendations stemming from the expert workshops.

The outcomes and lessons learned from implementing the recommendations will be reflected in the report to the 32nd International Conference in 2015.

REPORT ON IMPLEMENTATION

(i) Introduction

The Health Care in Danger (HCID) project aims at improving the security and delivery of health care on the ground. The project focuses on the problems caused by attacks, illegal obstruction, discrimination and armed entry, and the consequences these have for the wounded and sick, health-care facilities and personnel, and medical transport.

The issue is central to the mission of the Movement and to its history of protecting and assisting wounded and sick people. It was identified as a priority for Movement action at the Council of Delegates in Nairobi, in 2009, and further cemented as such at the 31st International Conference, in December 2011, through the adoption of a resolution.¹ This resolution, co-sponsored by 49 National Societies and supported by the International Federation of Red Cross and Red Crescent Societies, calls upon States, the ICRC, National Societies and the Federation to undertake a series of actions in their respective areas of influence to improve the situation. Many National Societies also made pledges of action to take in their countries, often together with the national authorities.

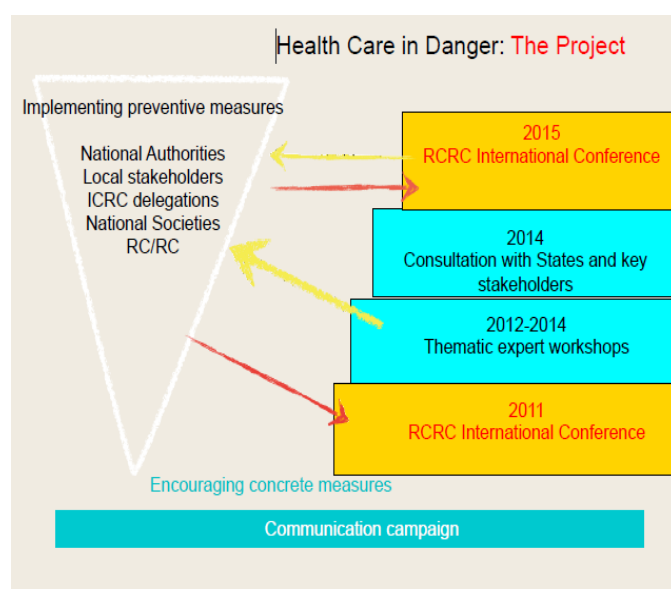
In addition, the resolution mandated the ICRC to initiate consultations with experts from States, Movement components and other actors, “with a view to formulating practical recommendations for making the delivery of health care safer in situations covered in the present Resolution, and to report to the 32nd International Conference in 2015 on the progress made.”²

(ii) Overall progress made since the 31st International Conference in 2011

The issue of violence against patients, health-care workers and facilities is complex and, as such, cannot be addressed by a single solution. A multi-layered approach needs to be taken, engaging a range of stakeholders from both within and outside the Movement, and contextually appropriate responses developed.

In **operational** contexts, National Societies and the ICRC have been tackling the issue by analysing problems faced and improving the delivery of health care on the ground. Operational practice, experiences and data are feeding into the expert consultations and communications activities; in turn, the recommendations stemming from the expert consultations are informing operational responses.

Through **expert consultations and diplomatic efforts**, the ICRC has been mobilizing States, National Societies, authorities, armed forces, non-State armed actors, the health-care community, national and international organizations, and non-governmental organizations (NGOs), among others, to identify concrete measures for improving



¹ See Resolution 5 of the 31st International Conference, “Health care in danger: Respecting and protecting health care.”

² *Ibid.*, para. 14.

safe access to, and delivery of, health care in their areas of responsibility.

A national and global communications campaign has been launched to support both approaches, by raising awareness of the problem, mobilizing stakeholders and promoting solutions.

Highlights of progress made

Research and data collection

Developing an evidence base remains a key priority for the project. Following up on the trends identified in *Health care in danger: A sixteen-country study*,³ published in July 2011, field teams have been collecting data on incidents affecting health-care personnel, facilities and patients in 22 countries in which the ICRC is active. An interim report⁴ on this exercise was produced in 2012 and an annual report, covering 2012-13, was released in May 2013. The ICRC will continue to collect and assess data to produce a further report for the 32nd International Conference in 2015.

Mobilizing Movement components

Twenty-seven National Societies and the Federation form part of a Movement Reference Group, which acts as a sounding board for the project. The group comes together four times a year, with one meeting held in Geneva. The next face-to-face meeting will be in early 2014, at which point the group will consider how to follow up on the results of the Council of Delegates workshop.

Expert consultations

Expert workshops are a cornerstone of the consultation process. Of the six expert workshops held to date, five have been of major relevance to National Societies. The contribution of National Societies to those workshops has been significant, both in terms of participation and support in organizing the event. The workshop themes and degree of National Society involvement are outlined below:

- The role and responsibility of National Societies in delivering safe health care in armed conflict and other emergencies (two workshops held)
 - **Oslo**:⁵ co-organized by the Norwegian Red Cross and the ICRC; 18 representatives from 14 National Societies participated; 3-5 December 2012.
 - **Tehran**:⁶ co-organized by the Red Crescent Society of the Islamic Republic of Iran and the ICRC; 17 representatives from 15 National Societies participated; 12-14 February 2013.
- The rights and responsibilities of health-care personnel (two workshops held)

³ Accessible online at: <http://www.icrc.org/eng/resources/documents/report/hcid-report-2011-08-10.htm> (consulted 5 September 2013)

⁴ Accessible online at: http://www.icrc.org/eng/assets/files/reports/4050-002_violent-incidents-report_en_final.pdf (consulted 5 September 2013)

⁵ An overview of the workshop can be accessed online at: <http://www.icrc.org/eng/resources/documents/event/2012/health-care-in-danger-expert-workshop-oslo-2012-12-03.htm> (consulted 5 September 2013)

⁶ An overview of the workshop can be accessed online at: <http://www.icrc.org/eng/resources/documents/event/2013/02-08-tehran-workshop-health-care-in-danger.htm> (consulted 5 September 2013)

- **London:**⁷ co-organized by the British Red Cross, the ICRC, the British Medical Association and the World Medical Association; 45 representatives from 14 National Societies participated; 23 April 2012.
- **Cairo:**⁸ co-organized by the Egyptian Red Crescent Society and the ICRC; 13 representatives from 5 National Societies participated; 17-18 December 2012.
- Ambulances/pre-hospital services in risk situations (one workshop held)
 - **Toluca:**⁹ co-organized by the Mexican Red Cross and the ICRC; 34 representatives from 19 National Societies participated; 21-24 May 2013.

There are plans to hold three further expert workshops, of direct relevance to National Societies:

- The physical safety of health-care facilities (two workshops: **Ottawa**, 25-27 September 2013,¹⁰ and **Pretoria**, 8-11 April 2014).
- National legislation to improve security and delivery of health care and penal repression of crimes committed against health-care services (one workshop: **Brussels**, 29-31 January 2014).

The following expert workshops, though not directly relevant to National Societies, complement the above-mentioned workshops:

- The role of civil society and religious leaders in promoting respect for health care (**Dakar**, 24-25 April 2013).
- Military practice: From training to operational orders (**Sydney**, 9-12 December 2013).

Mobilizing the health-care community

In response to a recommendation stemming from the expert workshop in London, a guidance document entitled *The Responsibilities of Health Care Personnel Working in Armed Conflicts and other Emergencies* was published in English, French, Spanish and Arabic.¹¹ Many events have been held to promote the publication, including in Cairo, London, Ottawa and Dakar.

The ICRC and the World Medical Association have agreed to join forces in a worldwide effort to combat violence against patients and health-care workers, signing a memorandum of understanding to that effect. Through its global network of medical associations, the World Medical Association will contribute to national consultations and share best practices on the measures needed to protect health-care workers and patients.

The ICRC is also engaging with many other health-care associations, including the International Federation of Hospitals, the International Council of Nurses and the Arab Medical Union.

⁷ An overview of the workshop can be accessed online at:

<http://www.icrc.org/eng/resources/documents/feature/2012/health-care-in-danger-feature-2012-04-25.htm> (consulted 5 September 2013)

⁸ An overview of the workshop can be accessed online at:

<http://www.icrc.org/eng/resources/documents/event/2012/12-17-egypt-hcid-workshop.htm> (consulted 5 September 2013)

⁹ An overview of the workshop can be accessed online at:

<http://www.icrc.org/eng/resources/documents/event/2013/05-23-mexico-workshop-health-care-in-danger.htm> (consulted 5 September 2013)

¹⁰ This report was written before the workshop was held.

¹¹ Accessible online at: <https://shop.icrc.org/health-care-in-danger/les-soins-de-sante-en-danger-les-responsabilites-des-personnels-de-sante-a-l-suvre-dans-des-conflits-armes-et-d-autres-situations-d-urgence.html> (consulted 5 September 2013)

Médecins Sans Frontières International is running a project entitled 'Medical care under fire,' which complements the HCD project. Compatibility between the two projects is being sought by pursuing dialogue on the main messages to be highlighted in each campaign; promoting effective implementation of the most relevant recommendations from the HCD expert workshops; joining forces on research into areas of mutual interest; and participating in each other's events.

The World Health Organization is developing a data-collection system to register violent incidents affecting health care and linking its own initiative on safe hospitals (mainly in the context of natural disasters) with work on the security of medical facilities within the HCD project.

The Safeguarding Health in Conflict coalition was established to advocate for the safety and security of health-care workers, facilities, patients and ambulances during times of armed conflict or civil violence. It is formed of NGOs, associations of health professionals and the Center for Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health.¹²

Mobilizing States

The Governments of Norway and Australia are supporting the project on a diplomatic level. Through the efforts of the Norwegian Government, a workshop was organized in Geneva for embassies willing to work on implementing and promoting preventive measures to address insecurity and violence in relation to health care.

A number of States have been briefed on the issue in several fora, both bilaterally (Argentina, Australia, Brazil, Canada, Indonesia, Mexico, Norway, Russia, Senegal, South Africa, Switzerland and the United Kingdom) and multilaterally (at the United Nations Economic and Social Council in Geneva and the United Nations Security Council in New York).

Communications campaign

The communications campaign was launched in 2011, with a focus on the consequences of a lack of safe access to health care. Having recently entered its second phase, the campaign now seeks to mobilize specialist audiences, support operations and promote the outcomes of the expert workshops.

A wide variety of communication products have been developed and shared with National Societies, including a 14-minute documentary, 12 video clips, several publications and the main campaign visuals. The campaign has also been featured at a number of major events, including the London 2012 Olympic and Paralympic Games.

In 2013, the HCD webpage on the ICRC website was extended and remodelled to form a comprehensive sub-site, accessible in English, French, Spanish and Arabic.¹³ One section of the sub-site showcases the efforts of Red Cross and Red Crescent volunteers and staff to facilitate access to health care in armed conflict and other emergencies. The sub-site receives an average of 6,000 visits per month. Another section is exclusively reserved for members of the 'community of concern,' which is a group of organizations and individuals

¹² For more information, visit: <http://www.safeguardinghealth.org/sites/shcc/files/safeguarding-health-in-conflict-overview.pdf> (consulted 5 September 2013)

¹³ Accessible at: <http://www.icrc.org/eng/what-we-do/safeguarding-health-care/index.jsp> (consulted 5 September 2013)

working on the issue. This section acts as an interactive online platform where members can access resources and engage in dialogue with each other. The community has around 200 members, including representatives from 40 National Societies.

Earlier this year, 46 communications officers from the ICRC and National Societies came together to exchange best practices and develop contextually appropriate communication tools. A number of communications activities have been launched at the national and regional levels, including a communications campaign on medical services in Colombia, a musical clip produced with a popular West African singer, and radio spots broadcast in the Democratic Republic of the Congo.

Most recently, the ICRC partnered with seven European National Societies to run an outdoor HCD poster campaign, with the support of the European Commission. Combined with web, press and social media activities, the campaign is estimated to reach over 12 million people.

A snapshot of Movement activity

Many National Societies are undertaking a range of activities to respond to the issue of health care in danger. The following snapshot is indicative only and is informed by the outcome of a mapping exercise conducted by the Movement Reference Group, and responses from the Mid-Term Review.¹⁴

The Australian Red Cross has held a number of HCD events, including a conference and a number of seminars aimed at the health-care community. Earlier this year, it published a special HCD edition of its *International Humanitarian Law* magazine.¹⁵

The British Red Cross is co-organizing an event for health-care professionals later this year, together with the ICRC and the Royal Society of Medicine. The aim will be to discuss recommendations emanating from the expert workshops, including the workshop held in London, in 2012.

The Bulgarian Red Cross is engaging with national institutions in Bulgaria dealing with the issue of health care in danger, including the Military Medical Academy and the Ministry of Foreign Affairs.

Since 2011, the Canadian Red Cross Society has been in dialogue with the Canadian Government, the Canadian Medical Association, Médecins Sans Frontières in Canada, the medical community and civil society actors in Canada to raise awareness of the issue. In 2012, it hosted a roundtable for the Canadian Government and key stakeholders, to share information and raise awareness. The Canadian Red Cross Society is planning to undertake media and public awareness-raising activities both during and after the expert workshop on the physical safety of health-care facilities, in September 2013. It will also present the workshop outcomes at the 20th Canadian Conference on Global Health, in Ottawa, October 2013.

The Colombian Red Cross has used its influence with the Government and other actors to strengthen the protection of medical personnel and facilities through the country's legal and regulatory frameworks. More recently, the National Society has been working with the ICRC to implement humanitarian assistance operations in regions where protests have affected health-care provision. As part of this effort, the Colombian Red Cross and the ICRC have launched a national appeal to ensure respect for health-care staff, volunteers, vehicles and facilities, in the wake of a number of violations and attacks.

¹⁴ Those responses received by the time of writing, late August 2013.

¹⁵ Accessible online at: http://www.redcross.org.au/files/Edition_9_IHL_web.pdf (consulted 5 September 2013)

The Egyptian Red Crescent Society is spreading the messages of the HCD project and the Safer Access Framework among the Egyptian Ambulance Association and field hospitals. On the operational level, the National Society has incorporated the Safer Access approach into its training of emergency action teams.

The Federation has treated the protection of volunteers as a priority over the last two years. Whilst the scope of this extends beyond health-care personnel, many initiatives taken have been relevant to the nearly five million Red Cross and Red Crescent volunteers engaged in health-care programmes globally. Some of these initiatives include: promoting the importance of insurance for volunteers; developing tools to help National Societies promote and manage the psychosocial needs of volunteers who are engaged in traumatic duties; providing simple guides to help National Societies to promote laws that make volunteering safer; developing a resource and online training for volunteers on the basic principles and practices of personal safety and security; and, finally, conducting research into community-based health-care volunteers and Red Cross and Red Crescent volunteers in general in order to learn more about their current protection mechanisms and to build evidence for further advocacy and effort. All of these efforts are being undertaken in close communication with the ICRC to ensure alignment and integration with existing efforts.

The Finnish Red Cross has regularly taken up the HCD project in discussions with its medical contacts and the Government. Earlier this year, it organised a three-day training session on international humanitarian law for humanitarian professionals, funded by the European Community Humanitarian Office (ECHO). The session focused on health-care workers and included presentations on the insecurity of health care.

The efforts of the German Red Cross have focused on raising awareness both within the organization and among the public. It is establishing closer links with stakeholders such as medical associations and medical NGOs. The HCD project will be publicized at the upcoming Humanitarian Congress in Berlin. Co-organized by the German Red Cross and Médecins Sans Frontières, the congress addresses issues of humanitarian concern.

The Indonesian Red Cross Society (Palang Merah Indonesia) is conducting activities to raise awareness about HCD among its own governance, staff and volunteers. It is also planning a workshop for external stakeholders, including the Ministry of Health, to discuss challenges, best practices and recommendations for tackling the issue.

In Kazakhstan, the guidance document entitled *The Responsibilities of Health Care Personnel Working in Armed Conflicts and other Emergencies* has been translated into Kazakh and National Society staff have conducted training sessions for representatives from the military departments of medical universities. The publication has now been integrated into the curricula of 11 medical colleges.

The New Zealand Red Cross ran a successful forum on HCD in conjunction with the Otago University Medical School in 2011. Entitled "Protecting the protectors," the forum explored security issues facing humanitarian and health-care workers in conflict situations and attracted a diverse range of participants and speakers from the Government, the defence sector, academia, NGOs and the Movement itself.

Following on from the expert workshop in Oslo, in 2012, the Norwegian Red Cross (NorCross) and the Norwegian Ministry of Foreign Affairs have entered into a three-year agreement on the HCD project. One of the outputs of that agreement was that NorCross would help selected National Societies to develop their operational practices in a way that strengthens safe access to, and protection of, health care. In addition, the National Society continues to provide the ICRC with human resources for the project.

The Portuguese Red Cross is providing training in international humanitarian law for military health-care personnel, with a specific focus on the rights and obligations of health-care personnel and the protection of these persons under IHL. The training sessions also address the impact of violence against patients, health-care workers and health-care facilities.

The South Sudan Red Cross and the ICRC are planning a pilot programme for a branch located in an area where tribal conflict is currently affecting the delivery of health-care services. The pilot will involve staff and volunteers from the branch concerned, the Government, armed actors, young people and the health-care community.

(iii) **Outcomes of the expert workshops**

National Societies have played a critical role in organizing and contributing to five expert workshops. These workshops have generated robust discussions about the operational realities and challenges for Red Cross and Red Crescent staff and volunteers, health-care personnel and ambulance services. A total of nearly 150 recommendations have been made, covering: access and acceptance of the National Society; promoting respect for the emblem; the security of staff and volunteers; building the capacity of National Societies and affected communities; the National Society's role and relationship with public authorities, the community and other actors; and communication and advocacy. While many of these recommendations are specific to National Societies that confront violence against patients, health-care workers and facilities in their daily operations, a significant number merit consideration by those National Societies that promote the HCiD project at a more global or strategic level. **A comprehensive report on the recommendations will be provided at the Council of Delegates workshop.** The following summary highlights those recommendations that directly address the challenges faced by National Societies.

Many elements of the **Safer Access Framework** were the focus of discussion and recommendations. During the HCiD expert workshops, participants highlighted the importance of the framework as a capacity-building tool to improve National Society acceptance, access and security, as well as respect for its activities among State authorities, non-State armed groups and the local community. Recommendations were broad and referred to: the need for rigorous preparation and training of staff and volunteers in all aspects of Safer Access; recruitment policies to ensure National Society staff and volunteers operate in line with the Fundamental Principles and a context-specific code of conduct; the need for procedures and protocols for risk management and security, and standard operating procedures; and measures to build respect for the emblem. Please note that these issues, and others relevant to the Safer Access Framework, will be further discussed during a separate workshop at the Council of Delegates, during which several components of the Safer Access Framework Practical Resource Pack for National Societies will be introduced.

All workshops highlighted the importance of **incident data collection and research**, not only to improve practices and future planning, but also to support advocacy efforts and inform the development of solutions. In some contexts, it was recommended that National Societies either conduct these activities jointly with health-care providers and/or health ministries, or encourage national authorities to carry the activities out themselves. However, National Societies pointed out that they sometimes face difficulties in collecting data, whether due to their limited capacity or to the potential repercussions of this activity. All workshops recommended that National Societies reflect on **lessons learned** in this regard and adapt future practice and training accordingly.

Frequent mention was made of the critical role played by **ambulance drivers** and the highly vulnerable position that they often find themselves in as first responders. Many recommendations are aimed at building the capacity of ambulance drivers and mitigating the risks inherent to much of their work. An emphasis was placed on the need to provide specific

and comprehensive training in operational security risk management, dealing with the media in stressful situations, stress management and anger management, among others. Also highlighted was the need to develop contingency plans for different scenarios and to ensure that they were implemented in concert with the hospital system. With respect to security and safety standards, recommendations focused on the need to ensure allocation of sufficient resources for the regular maintenance of vehicles, and to establish safety standards for the use of ad-hoc ambulances when actual ambulances were not available. In addition, there was agreement about the merits of installing software for coordination, such as GPS and tracking systems, in certain contexts. Participants also stressed the need to take steps to prevent misuse and abuse of ambulances and to report such incidents when they occurred.

Given the nature of the contexts in which many participating National Societies operate, the safety and **security** of staff and volunteers was the focus of many of the recommendations. The difficulty of striking a balance between ensuring the security of health-care personnel **and** providing critical, life-saving health-care services resonated in much of the discussion, especially when the issue of ‘**follow-up**’ attacks¹⁶ was raised. Participants talked of the dilemma they faced when dealing with the threat of such attacks: the need to assess the safety of a situation before evacuating the wounded, balanced against the immediate needs of the wounded and not wanting passers-by to expose themselves to risk by rushing in to help.

Still on the subject of security, debate about the use of personal protective equipment (PPE) was a consistent feature, though the emphasis changed over the course of the workshops. At the earlier workshops, participants voiced strong opinions, acknowledging the advantages and disadvantages of using it, but highlighting the risks of an overemphasis on operational security risk-management. At the expert workshop in Mexico, a number of presentations referenced the use of PPE, with discussion being less about its use and more about how service-providers could weigh up the pros and cons when deciding whether or not to use it. The workshop recommended that a list of the practical benefits and drawbacks of using PPE be drawn up for further consideration; this will be included in the comprehensive report that will be provided at the Council of Delegates workshop.

The issue of **health and/or life insurance** for Red Cross and Red Crescent staff and volunteers generated passionate debate during the workshops. While there was general agreement that they should all be afforded some level of insurance, it was less clear how that could be realistically provided. Attention was drawn to the Federation’s Insurance for Volunteers and the ICRC’s French Fund Maurice de Madre, though their limitations were acknowledged. Participants called for a sustainable and comprehensive policy negotiated at national level and, where possible, supported by the State. It has been proposed that the Movement Reference Group work with the Federation and the ICRC to expedite action on this issue. One option would be to draft a resolution or recommendation that can be discussed at the 32nd International Conference.

The National Societies’ role as auxiliary to their **public authorities** in humanitarian matters was frequently referenced, particularly at the Oslo and Teheran workshops. A number of recommendations referred to the need for public authorities to have a clear understanding of their National Society’s mandate and role in armed conflict and other emergencies. It was also recommended that National Societies leverage this role in some contexts, particularly when advocating for respect for medical services, both within and outside the Movement.

Considerable emphasis was also placed on the role that National Societies can play in establishing or advocating a **national multi-stakeholder forum** to address HCiD issues

¹⁶ This term describes a situation where the same location is targeted several times to injure or kill the first responders that rush to assist and evacuate those wounded by the initial attack.

relevant to their countries. Participants recommended that National Societies and the ICRC take advantage of their positions, networks and authority on humanitarian issues to explore opportunities for creating such a forum. The fora could take various forms, such as roundtables, or use existing mechanisms, such as national IHL committees. They would serve as platforms to raise awareness and mobilize key stakeholders, to identify measures to address the issue and to coordinate action.

In a similar vein, workshop participants recommended that National Societies play a strong **advocacy role** to sensitize stakeholders in their contexts to the messages of the HCD campaign, build a community of concern and, where appropriate, share training tools and experiences with other organizations.

Finally, workshop participants called for a '**truly Movement approach**' to the project, tapping into resources across the Movement, strengthening coordination across Movement networks and enhancing the sharing of information, reports and case studies.

(iv) Proposals for the way forward

The two expert workshops planned for 2014 mark the end of the expert-consultation phase. The focus will then shift to promoting and supporting the national implementation of relevant concrete measures and recommendations identified during the expert workshops.

National Societies are integral to this process and the extent to which they are mobilized to undertake this work will determine, in large part, whether the project is successfully implemented. In addition to implementing recommendations pertinent to their own practices, there is a clear role for National Societies to engage actively with the authorities, academia, national medical associations and the broader health-care community to share the outcomes of the expert-consultation phase and to identify what concrete measures can be adopted in which contexts.

On the diplomatic level, the intention is to conduct regional consultations with States on some of the recommendations stemming from the expert workshops. National Societies are encouraged to hold dialogue with their authorities, particularly with respect to the recommendations that will emerge from the Brussels workshop on national legislation, in February 2014. Special attention will continue to be given to mobilizing key international players, such as the World Medical Association, Médecins Sans Frontières, the International Federation of Hospitals, the International Council of Nurses, the World Health Organization and the International Committee of Military Medicine.

The communications campaign will help to disseminate the recommendations of the expert workshops and good practices from the field.

The outcomes and lessons learned from implementing the recommendations will be reflected in the report to the 32nd International Conference in 2015.