



150 years of humanitarian action
**Council of Delegates of the International
Red Cross and Red Crescent Movement**
Sydney, Australia, November 2013



Council of Delegates

Sydney, Australia: 17 November – 18 November 2013

REPORT ON THE WORK OF WORKSHOPS 1 - 9

18 November 2013 1100- 1300

Health Care in Danger: Health care workers, volunteers and communities at risk

Chairs: Yves Daccord, Secretary General, ICRC & Walter Cotte, Under Secretary General, Programme Services IFRC

Rapporteur: Emmanuel Hindovei -Tommy, Secretary General, Sierra Leone Red Cross

Aide Rapporteurs: Louise McCosker, ICRC, Stefan Seebacher IFRC, Dr Brad Gutierrez
American Red Cross

REPORT TO COUNCIL

Presented by: Rapporteur Emmanuel Hindovei -Tommy, Secretary General, Sierra Leone Red Cross

SPEAKERS:

- Pierre Gentile Head of HCID Project, ICRC
- Georges Kettaneh Secretary General, Lebanese Red Cross
- Dr Luis Fernando Correa, Director of Emergency and Disasters, Ministry of Health, Colombia

EXECUTIVE SUMMARY (MAX HALF PAGE - This will be used to report to the CoD plenary on the outcomes of the WS):

This Council of Delegates is the middle point between the 2011 and 2015 International Conferences. In 2014, the focus will move from expert consultations to mobilising stakeholders and operationalizing recommendations. National Societies have a vital role to play both within their organisations and also with leveraging their influence to mobilise non-Movement actors. Many National Societies shared their experiences and the work they have underway to respond to the issue. As this work progresses, the ICRC will continue to develop tools to help the Movement, Ministries of Health, States and the health care community to look at what will make a difference in their specific contexts. The welcome range of interventions highlighted the importance of context and the need to develop specific responses that resonate with local realities. Examples of this include implementing the Safer Access Framework including training for staff and volunteers; working with States to adopt measures to protect the medical mission; collating and analysing data on incidents of attacks on the medical mission and working with the health care community to build knowledge on the rights and responsibilities of health care workers.

Participants contributed many ideas for how the project can be further implemented. There was a call for better sharing of experience and good practice between Movement components to develop best practice and not repeat the same mistakes. This sharing of lessons learned needs to be extended beyond the Movement to authorities, health care professionals and the academic community. While the recently implemented online platform is a useful start, participants called for a permanent space for National Societies to facilitate the sharing of good practice and experiences. Participants also expressed a need for more operationally focused guidance for staff and volunteers, to build on the tools and publications that have already been developed as part of the project. National Societies were encouraged to convene roundtables with their authorities, health care community and other stakeholders to interrogate the recommendations and determine which are most appropriate in their contexts.

Both workshops emphasised the importance of coordination and collaboration not just within the Movement but also with external stakeholders. With respect to the challenge of providing insurance for staff and volunteers, it was recommended that a small working group comprised of Movement Reference Group members and the Federation and ICRC develop recommendations to be put to the 2015 International Conference.

KEY POINTS RAISED:

- The importance of the project was reiterated by panellists and participants. This Council of Delegates is the middle point between the 2011 and 2015 International Conferences. In 2014, the focus will move from expert consultations to mobilising stakeholders and operationalizing recommendations. A range of publications and tools are being developed that will help the Movement, Ministries of Health, States and the health care community to look at what will make a difference in their specific contexts. Participants were encouraged to think about the project in two ways: what can be done internally in your National Society and how NSs can use their leverage to mobilise non-Movement actors.
- Panellists and participants reiterated the importance of:
 - the principles of safer access;
 - the role that States can play to protect the medical mission;
 - the need for data collection and analysis at national level with mention made of gender aggregated data;
 - the imperative to appreciate the motives of all stakeholders and to address them in context specific ways;
 - the need for ongoing training of staff and volunteers;
 - mainstreaming the project into all relevant areas of a National Society's work.
- Participants had good ideas for moving the project forward including:
 - Drawing on the experience of the Movement, find ways to share knowledge and experience of National Societies. One suggestion was for the ICRC to create a permanent platform to facilitate the sharing of those experiences. This builds on the interactive platform that has already been established and could also link with the Federation's learning platform. There was also a call for this sharing process to go beyond the Movement and include authorities and the health care community.
 - Building on the globally focused statements and tools that are being developed as part of the project, develop operational guidance for staff and volunteers (dos and don'ts).
 - Finding ways to mainstream the issue within RCRC business and build ownership of the issue and responses at all levels and relevant departments in National Societies.
 - With respect to the challenge of providing insurance for staff and volunteers, it was recommended that a small working group comprised of Movement Reference Group members and the Federation and ICRC develop recommendations to be put to the 2015 International Conference.
 - Importance to mobilise other actors beyond the Movement including States, authorities and the health care community. The recommendations from the expert workshops will be useful in the dialogue that National Societies have with these actors.

CONCLUSIONS:

- Good work is underway within the Movement on implementing this project. As the project enters its most critical phase – implementing the recommendations from the expert consultations – National Societies have a vital role to play both internally and with external stakeholders such as States, authorities, the health care community, academia and other stakeholders.

RECOMMENDATIONS

- Establish standards and rules for cooperation and engagement with authorities.
- Establish a more comprehensive insurance system for staff and volunteers; to progress this convene a working group of Movement Reference Group members, IFRC and ICRC with a view to developing recommendations to be put to the 2015 International Conference.
- Further utilise existing platforms such as the learning platform (IFRC) and HCID online platform (ICRC) and look for permanent mechanisms for share information and good practice.
- Ensure appropriate training and adequate equipment for volunteers, that is context specific
- Issues is not confined just to Red Cross RC Movement but is relevant to the wider health care community and other interlocutors HCID in other contexts such as dealing with road safety.
- Insurance for staff a strong interest from now to conference IFRC and MRG members reflect on concrete possibilities to present to the conference.
- IHL, IHRL and medical ethics are all essential frameworks; law should protect medical care AND need to make sure that medical staff comply with medical ethics.
- Push governments and other actors in the field so that there is a strong united voice at the 2015 international conference.