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Council kicks off with message of hope for the future

The 31st Council of Delegates began with a special opening event, highlighting the success of the **Our world. Your move.** campaign and role of young people as agents of change. A special photo presentation showed how the campaign had been used in just some of the countries, where it was celebrated.

Kenyan actor and journalist, John Sibi Okumu, hosted the half-hour opening event, which included a video message from the president of the British Red Cross, His Royal Highness, the Prince of Wales. A similar message was delivered by global music star and African activist, Angélique Kidjo, who said she was "delighted" that the world's largest humanitarian network was meeting for the first time in Africa.

"We know that the world is far from perfect. Across the globe, people have to flee their homes to escape poverty or the violence of war. Families are torn apart. People suffer discrimination, the effects of war, climate change, natural disasters, and a lack of water and food," Kidjo told delegates.

"But in the face of these challenges, there is hope. Everyday, the staff, and above all, the volunteers of the Red Cross and Red Crescent work to make things better for people affected by today's humanitarian crises."



Her message was delivered during a live question and answer session with Red Cross youth leaders, Siphwe Kutta from South Africa and Ashanta Osborne-Moses of Guyana, who shared their thoughts on the role of young people within the Movement.

The event finished with a selection of memorable footage and testimonials from this year's gathering in Solferino, to mark the 150th anniversary of the battle that led to the creation of the Movement.



We all know that the world is far from perfect, but there is hope. In particular, I am struck by how young people can bring about change.
– Angélique Kidjo

Standing Commission chairman pushes for bold thinking and action



The Movement has to send strong humanitarian messages of equality, justice and peace from Nairobi, because "the eyes and ears of Africa, and of the world around us, are looking onto us," Standing Commission chair H.E. Dr Mohammed al-Hadid said on Monday.

In his keynote address to the Council, Dr al-Hadid encouraged delegates to consider the broad range of issues the Red Cross Red Crescent is facing, and take decisive action to address them.

As well as maintaining momentum on the challenges highlighted by the 2007 International Conference, delegates would have to take access to beneficiaries into consideration, and promote the continued relevance and importance of the Geneva Conventions.

"Both in light of our impressive history and of the present humanitarian challenges – the Solferinos of today – the time is opportune for in-depth deliberations of the many and important items on

our agenda," he said.

He reminded the Council that competition for resources is already fierce, and that the Movement must work hard to stay relevant.

"It is time to think boldly, and at the same time analytically: because if we want to remain the leading humanitarian Movement, we have to stay ahead of the continuous changes in the external environment."

"We cannot afford to be, or even be perceived, as stagnant and conservative," he warned.

Council adopts resolution on MoU/AOA implementation

Pär Stenbäck, the independent monitor of the Memorandum of Understanding (MoU) and the Agreement on Operational Arrangements (AOA) signed by Magen David Adom (MDA) and the Palestine Red Crescent Society (PRCS) in 2005 gave a progress report on the implementation.

During his frequent visits to the region, he found that some progress had been made in implementing the AOA. He complimented the PRCS and MDA on having overcome hurdles and on cooperating, despite the difficult environment in the region during the last two years, including the conflict in and around Gaza.

In his report, he commented on the positive developments affecting the operation of the five PRCS ambulances based in East Jerusalem, which can now serve the entire population of East Jerusalem. On the other hand, he highlighted that access to

the specialised hospitals of East Jerusalem for West Bank residents remained a challenge.

The monitor stated that there had been insufficient progress in the implementation of provisions of the MoU and that MDA would have to make additional important efforts. He acknowledged that the two National Societies were not working in a vacuum and that the difficult political environment had an influence on the process. Against this backdrop, Stenbäck encouraged the delegates to have faith in their good will.

Describing the different scenarios that could lie ahead, he concluded by adding: "It is essential to find constructive ways forward."

Following Stenbäck's address, a resolution, jointly prepared by several Red Crescent and Red Cross Societies, was adopted.

Red Cross and Red Crescent honours remarkable humanitarians



The Movement paid tribute to the work and achievements of five of its members on Monday night by awarding them the Henry Dunant Medal for outstanding service and dedication. First bestowed 40 years ago, the Henry Dunant Medal is given out every two years and is represented by a red cross embossed with the profile of the Movement's founder, attached to a green ribbon.

"This is the highest distinction that anyone among us can aspire to," said H.E. Dr Mohammed Al-Hadid, Chairman of the Standing Commission. "The world needs more people like these individuals, who have gone above and beyond the call of duty to help others."

This year's recipients are:

Dr Muctarr Amadu Sheriff Jalloh of Sierra Leone – a specialist in pediatrics, who served as President of the Sierra Leone Red Cross from 1996 until this year. Having joined the Red Cross in 1985, Mr Jalloh chose to remain in Sierra Leone as many other medical professionals fled the extreme violence and atrocities that enveloped the country when civil war broke out in 1991. Eight years later, at the height of the conflict, he was attacked and nearly killed when armed men tried to cut off his hands. After recovering abroad, Dr Jalloh returned to Freetown, determined to continue helping those made vulnerable by the fighting.

Mr Cornelio Sommaruga of Switzerland – former President of the International Committee of the Red Cross (ICRC). Mr Sommaruga's presidency spanned a historic period marked by the fall of the Berlin Wall, the Rwandan genocide and the war in the Balkans. He strove to promote solidarity, responsibility, tolerance and respect in a time characterized by intense armed conflict and ethnic cleansing. The Standing Commission acknowledged Mr Sommaruga's initiatives leading to the

creation of an additional emblem – the Red Crystal – which was adopted by the States party to the Geneva Conventions in 2005, officially making it a part of international humanitarian law. Mr Sommaruga could not be present to accept his medal, so H.R.H., Princess Margriet of the Netherlands, who is former Chair of the Standing Commission, accepted it on his behalf.

Mr Pär Stenbäck of Finland – former Secretary General of the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Finnish Red Cross. Mr Stenbäck took over the leadership of the IFRC in 1988, as the Cold War was drawing to a close and a new geopolitical scene was emerging. As a political scientist, parliamentarian and government minister, Mr Stenbäck championed the needs and rights of vulnerable people across the globe. In awarding him the Medal, Chairman Al-Hadid cited Mr Stenbäck's "determination, vision and belief in the importance of cooperation".

Mrs Zoy Katevas de Sclabos of Chile – who served the Chilean Red Cross for 55 years until stepping down from its presidency in 2004. Mrs Katevas de Sclabos started out as a volunteer and worked her way up, developing new programmes and policies to improve the health and quality of life of vulnerable people in her country. She successfully rallied the business and financial sectors to support Red Cross activities, such as first-aid training and blood donation, and became an expert at raising money for sister National Societies responding to emergencies in nearby disaster-prone countries.

Dr Fouad Hamza of Syria – an orthodontist by profession, who was first elected President of the Syrian Red Crescent in 1978 and who was reelected several times before stepping down in 1998. He remained active with the National Society until retiring in 2005. A strong believer in the importance of social support for at-risk groups, Dr Hamza worked vigorously to develop Red Crescent activities in this field. The Commission said he played an important role in defining the IFRC's current strategy and vision for assisting people affected by disasters, disease, poverty and strife.

During Monday's ceremony, the Council also recognized Datuk Datin Paduka Ruby Lee, the former Secretary General of the Malaysian Red Crescent Society, who was exceptionally awarded a Henry Dunant Medal in 2008 while battling a terminal illness. Mrs Lee championed the plight of the displaced and uprooted, having lived as a refugee in India during the Second World War. She was known as a staunch supporter of programmes for women, youths and the disabled. She passed away in June 2009.

Souvenirs of Nairobi





Resolutions put focus on people, not weapons



Landmines, cluster munitions or other explosive remnants of war kill or maim tens of thousands of people across the globe every year. Meanwhile, millions more are threatened by the proliferation of arms including weapons of mass destruction. Bernt G. Apeland, director of communication and fundraising for the Norwegian Red Cross, comments on the two resolutions adopted by the Council to help stem the deadly impact of weapons.

Why are these resolutions important?

The main challenge remains to reduce the suffering of civilians. These resolutions should enable the Movement to translate recent achievements in international humanitarian law, such as the Cluster Munitions Convention, into concrete action on the ground. They also commit us to working with states in order to prevent future suffering caused by weapons, such as biochemical or nuclear arms.

In what regard are they different from previous Movement decisions?

These resolutions are not about weapons, they're about people. They deal with the harmful consequences of arms. This marks a very important shift compared to former resolutions. They also lay the groundwork for strengthening Movement assistance towards victims.

What impact do you expect these resolutions to have?

Hopefully, they will lead to less suffering in conflict and other situations of violence.

Movement reaffirms its concern for protection of health care



Despite existing rules designed to protect them during hostilities, health workers are still attacked and prevented from assisting those in need on a regular basis.

"There are clear rules to protect health care in armed conflict and other situations of violence," said Ms Angela Gussing, deputy director of operations for the ICRC. "In spite of this, health care is often in danger."

A resolution, adopted by the Council on Monday, expressed alarm that efforts to provide assistance to the sick and wounded are often deliberately hampered by combatants, or undermined by the inability of humanitarian actors to move freely, impeding not only

their work, but crucially, the welfare of affected communities.

The resolution calls upon all parties to armed conflict and actors in other situations of violence to respect health workers, their facilities and their equipment. It calls also on members of the Movement to "bring their combined influence to bear" whenever health care is threatened.

"This resolution is part of a process to work for change and the Movement can make a difference," said Gussing. "(We) need to recognise the problem, rise to the challenge, feel responsible and through this resolution, believe that change is possible."

The adoption of the resolution means that this important issue will also be brought forward to the 2011 International Conference.

CoD debates new Movement migration policy



Humanitarian assistance to migrants must be complemented by efforts to address the reasons why people leave their homes. This was the central message of the session on the Movement's new migration policy.

Interventions by National Societies during the session – and the consultations that took place leading up to the Council – emphasized the role of the Red Cross Red Crescent in mitiga-

ting the causes of irregular migration. Humanitarian approaches to migration must be tied with broader preventative measures that are designed to reduce the impact of armed conflict, poverty and disasters on vulnerable communities.

The policy also reflects the growing recognition within the Movement of the importance of humanitarian diplomacy in regards to migration. Such an approach – one that draws on the auxiliary role of National Societies – could alleviate undue pressure placed on irregular migrants by authorities.

The policy also explores the role of National Societies in providing information to potential migrants on the risks and threats that they might face.

The policy was positively received and welcomed by delegates, with 19 National Societies making interventions during the discussion.

IDP policy represents major step forward

Monday's adoption of a new Movement-wide policy on internal displacement was hailed as a "significant achievement" by the secretary general of the Ugandan Red Cross, Michael Richard Nataka, who opened Council discussions on the resolution.

"For the first time, we have a global framework to guide us in assisting the internally displaced and the host families that welcome them," Nataka told the Daily Bulletin. "This is a very positive development because apart from the recent African Union Convention on IDPs, there really is no other framework out there that is as far-reaching or all-encompassing."

The presentation on IDPs included the story of a young boy in the Democratic Republic of the Congo, who was separated from his family when fighting broke out earlier this year. Like



tens of millions of other people displaced by armed conflict or natural disasters, his simple wish was to be able to return home.

"The Movement policy will further increase our collective capacity to help individuals, like the little boy in DRC, by strengthening the Red Cross and Red Crescent's community-based approach, which is already one of our greatest assets," said Nataka.

Health care: one of the first casualties of war

Since Solferino, ensuring access to health care for the wounded and sick has been a key priority for the Movement. The ICRC's chief war surgeon, Marco Baldan, explains why this remains such a critical challenge today.



How are health care workers threatened in situations of armed violence and what's the impact?

Unfortunately, we are always at -risk. We are threatened, injured, killed, and kidnapped. This makes it difficult for us to reach wounded and sick people, who have a right to care under

the rules of war. Preventing access to health care can become part of the warfare strategy and this has dire consequences for civilians and wounded combatants.

Is health care literally on the front-line?

Absolutely. One of the first victims of war is the health system itself.

If I'm a doctor and a war breaks out, what do I do? Very quickly, I'll discover that the supply chain is blocked, so my hospital's stock of drugs and dressing materials is likely to be used up in a few days. The water to the area might be shut off, meaning I can no longer sterilize instruments or clean surgical gowns.

Meanwhile, the movement of ambulances has probably been slowed down and even when people do reach the hospital, there's no guarantee I can treat them because very rapidly, the whole health system can shut down, overwhelmed by the imbalance between the limited resources available and the needs of the wounded and sick. The end result is that people die.

Can you give an example of a context where health workers have been targeted or forced to flee?

A study done in Iraq in 2008 showed that more than 2,000 senior doctors had been killed and 250 kidnapped since 2003, and that over 12,000 had left the country out of a total of 34,000. The country was mainly left with junior doctors, who are not prepared or trained to treat war-wounded patients. They have fewer resources, less equipment and more problems in getting supplies.

This is just one example of why it's essential to make sure communities are prepared to cope in the first place and to raise awareness of the fact that health workers are there to save lives and must be respected, protected and allowed to do their work.



Where to find the Daily Bulletin?

This publication will provide delegates with an unofficial daily summary of the proceedings in English, French, Spanish and Arabic. It will be in each delegation's pigeonhole each morning and extra copies are available near the plenary. It will also be posted each morning as a PDF on www.ifrc.org.

As well, a video highlight recapping each day of the statutory meetings can be viewed online at www.ifrc.org or <http://bit.ly/2HwGyu>. The videos also will be played in between plenary sessions. National Societies looking to download the video will be able to find it on av.ifrc.org.