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31st International Conference of the Red Cross Red Crescent
Geneva, 28 November–1 December – For humanity



31st INTERNATIONAL CONFERENCE OF THE RED CROSS AND RED CRESCENT

28 November – 1 December 2011

Agenda Item 9. Report on the work of the Conference

Report delivered by the Conference Rapporteur - His Excellency Ambassador Minelik Alemu Getahun, Permanent Representative of Ethiopia to the United Nations Office at Geneva and other International Organisations in Switzerland.

Thank you, Madame President.

Madame President, Commissioner, fellow delegates, ladies and gentlemen, friends of the Red Cross and Red Crescent, it gives me great pleasure to present this report to the plenary on the discussions during the commissions sessions which took place on Tuesday and on the workshops which have run in parallel to the plenary and commissions. It is difficult to do justice to such a wide variety of topics and points of view in a brief statement; nevertheless, I will try to give you the salient points of the discussions.

As a result of these time constraints, I cannot enter into the substance of the workshop discussions but I recommend that you consult the full written reports, both on the work of the commissions and the workshops, which will be made available after the end of the conference and use them as a basis for future discussions and follow-up. Two workshops on the protection of victims of armed conflicts and other situations of violence, one on migrant needs, vulnerabilities and barriers to access, one on child protection, one on new technologies in health care in conflict and other situations of violence, one on climate change and one on partnerships were held throughout the week to complement the discussions in commissions and plenaries.

In order to summarise the work of the commissions, I have followed the division of the Conference's work into four areas of discussion, three of which are pertinent to this report. The first is agenda item 5.2 on strengthening local humanitarian action, the second is item 5.3 on addressing barriers to healthcare and the third is item 5.4 concerning the strengthening of international humanitarian law. While each commission met twice, the debate of the second session often carried on from the first and so my remarks include comments from both sessions under one heading.

In general the commissions and workshops were well attended and the guiding questions provoked a lively debate on the central themes, a debate which, I hope, mirrored that taking place in the drafting committee. All the sessions of the commissions affirmed that, in order to make progress on the issues, we should adopt the draft resolutions as formulated by the drafting committee. One other point was made by all commissions which I would like to raise before entering into the substance of each commission. As the topics under discussion often covered trans-national and long term phenomena, they cannot be addressed in isolation: there is a real need for members of this conference to work in partnership, both amongst ourselves and with other actors to resolve issues of humanitarian concern.

Let me now move on to the discussion on strengthening local humanitarian action in the areas of migration, volunteering and partnership development. **Commission A** continued the discussion on migration which took place during the 30th International Conference, it echoed a number of points made at the workshop on Monday evening and focused on the key issue of access to migrants. The Chair, Dr Jalloh, introduced the keynote speakers and outlined the issues. A few of the main points raised by panellists and during the debate were: the usefulness of establishing dedicated migration support programmes in National Societies; the need to persuade decision makers to ensure the legal environment allows National Societies to access vulnerable migrants and ensures migrants are able to access that assistance free from fear; the important role played by National Societies in raising

awareness of the many benefits of migration in order to reduce stigmatisation and discrimination and encourage a culture of social inclusion, non violence and peace; and the role of youth and volunteers in supporting programmes and changing negative perceptions about migration. The main conclusions were: all discussions should be rooted in facts and evidence to avoid problems associated with a negative view of migration; migrants need to be further involved at all levels, including as volunteers, in the services provided to meet their needs and programmes such as the IFRC's youth as agents of behavioural change can complement activities in other areas. It should also be noted that the resolution of this conference can serve to address needs in terms of access, dignity, social inclusion and partnership.

In **commission B**, the debate centred on volunteering and the auxiliary role of National Societies to public authorities. Professor Dragan Radovanovic, supported by keynote speakers, chaired a discussion where some 120 National Society and Government representatives took active participation. As in commission A, the point was made that this was a continuation of the discussion which took place during the 2007 International Conference and in complement to Resolution 2 of that conference. National Society and Government representatives raised the following key points: a sound legal base for each National Society is essential for partnerships at all levels of public administration, it should include a reference to the National Society's auxiliary role and clarify mutual responsibilities, and needs to be reviewed regularly and updated as required. All National Societies need to be recognised by their governments as auxiliary to the public authorities in the humanitarian field. Governmental recognition of the Red Cross and Red Crescent societies' skills and competencies as complementary to their own capacities to meet the needs of vulnerable people, respect for National Society independence through respect for the Fundamental Principles while developing partnerships with governments, as well as building mutual trust and respect through formal and informal dialogue at all levels are key to a healthy partnership.

In relation to volunteering the following main issues were emphasized: the development and implementation of legislation and policy related to volunteering at all levels; the identification and removal of legislative and policy barriers to volunteering; the need for governmental recognition of the potential of volunteers to meet humanitarian needs; the opportunity for governments and Red Cross and Red Crescent Societies to work together with other civil society actors to develop and implement context-specific and appropriate legislation and policy around volunteering; and, finally, to encourage vulnerable people to become volunteers. In addition to this, the ICRC and IFRC can help support states and National Societies in further strengthening their auxiliary relationship by developing tools and providing technical support while continuing to advocate for progress in this area.

Finally, the Commission recommended that: firstly, it is important for legislation on both the auxiliary role and volunteering to be strengthened, followed up and implemented; secondly, National Societies and governments wishing to further the auxiliary role may benefit from the experiences of other governments and National Societies, and such exchanges could be facilitated by the Secretariat of the IFRC; and, thirdly, legislation and policy relating to volunteering must be based on the specific national context and culture.

Moving on to commissions under agenda item 5.3, two aspects of access to healthcare were covered, Health care in Danger in commission C and health inequities with a focus on women and children in commission D.

The chair of **commission C**, Pr Mamdouh Gabr, led the debate during which numerous statements from the participants of the Commission highlighted today's terrible reality where Red Cross and Red Crescent and other health personnel and facilities are regularly targeted and attacked during times of armed conflict and during other situations of violence. National Societies participating in the commission provided concrete examples of their own health staff and volunteers who have been injured or lost their lives, of ambulances being denied access or delayed at checkpoints and of health care facilities being attacked.

Participants to the Commission reiterated that the adoption of the resolution will be just one step in a longer term and wider process to ensure respect and protection of health care in armed conflict and other situations of violence and highlighted the need for the implementation of the 4 year Health Care in Danger project by the ICRC and the engagement of a wide range of stakeholders, particularly

National Societies, States and the IFRC but also the health community, NGOs, UN agencies and academic circles.

Key to improved respect and protection of health care workers and institutions is ensuring the neutrality, impartiality and independence of National Red Cross and Red Crescent Societies' actions, well structured relationships, and clear roles and responsibilities between National Societies and their governments as part of their auxiliary role.

The chair of **Commission D**, Ms Fatima Gailani highlighted the importance of the work of that commission to complement the resolution that will be adopted by this Conference. Health inequities, sometimes referred to as health inequalities, are unfair and avoidable differences in health status seen within and between countries. The health inequities are systemic: they usually affect particular groups of people and they occur across the social gradient. The most vulnerable people have the least access, not only to health services, but also to the resources that contribute to good health.

The Commission focused on women and children not because they are vulnerable per se, but because they usually have less power than adult men, because they have less access to resources and because they are exposed to specific health risks. The IFRC report on *eliminating health inequities: Every woman and every child counts* was referred as clearly stating that eliminating health inequities is a health imperative. Health inequities exist everywhere. In every country discrepancies in health can be observed between the rich and the poor, between the residents of wealthy neighbourhoods and slum dwellers, between well-established citizens and undocumented migrants, between the educated and the illiterate.

The commission issued several recommendations, three of which I include here: firstly, Red Cross and Red Crescent volunteers, as part of their communities, are the best placed to identify needs for the community and will help design the most appropriate programmes to address the inequities; secondly, as auxiliaries to public authorities, Red Cross and Red Crescent Societies have a responsibility to remind governments to work on these health inequities, adopt positive policies, promote human rights and eliminate discrimination against women, children, people with disabilities and the elderly; and finally, the commission stressed that the Millennium Development Goals can only be met if inequities are addressed.

Finally, the work of **commission E** on access and assistance comes under agenda item 5.4 on strengthening international humanitarian law. The commission was chaired by Mr. Juan Manuel Gomez Robledo, Deputy Minister of Foreign Affairs of Mexico.

Humanitarian access and assistance is one of the most important humanitarian concerns in contemporary armed conflict. In such situations, civilian populations are often deprived of essential supplies, including food, water and shelter, and are unable to access health care and other basic services. Rapid access and provision of assistance to these populations is therefore a priority in a number of armed conflicts, whether international or non-international. Constraints to humanitarian access and assistance vary from one context to the other. These may include administrative barriers, security problems, the existence of hostilities, the presence of land mines and other unexploded ammunitions of war. The proliferation of humanitarian actors as well as the increasing attacks against humanitarian workers constitute additional challenges. Compliance with IHL as well as reliance on the principles of the Movement of the Red Cross and Red Crescent constitute necessary tools to secure access to affected populations and to conduct effective humanitarian operations. However, some aspects of relevant rules of IHL are not always sufficiently clear and may raise diverging interpretations. Another problem is the lack of knowledge of these rules, including by practitioners and belligerent parties. There is therefore a need to strengthen the dissemination of relevant rules of IHL and ensure their proper implementation at domestic level. Cooperation among States, the different components of the Red Cross and Red Crescent Movement and other humanitarian actors is also essential to provide effective humanitarian assistance for civilian populations in need.

I would like to finish by thanking the National Societies of: Afghanistan, Argentina, Austria, Australia, Bangladesh, Belarus, Botswana, Canada, China, Colombia, Ecuador, Egypt, Gambia, Indonesia, Lebanon, Mexico, Morocco, Mozambique, Nepal, Norway, Philippines, Russia, Serbia, Sierra Leone, Sweden, Switzerland and Uganda, and the Governments of: Belarus, Dominican Republic, Ethiopia,

Norway, Sweden and Switzerland for the tremendous amount of work that they put into organising and structuring the commissions and workshops and all the panellists whose knowledge and expertise stimulated the debate. I would also like to thank the rapporteurs from each workshop and commission for their comprehensive written reports and pay tribute to the IFRC and ICRC team who supported me in the compiling of this report. I trust that you found these sessions as informative and engaging as I did.

Thank you.