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**Report on the Implementation of the Memorandum of Understanding and
Agreement on Operational Arrangements
Dated 28th November 2005
Between Magen David Adom in Israel and the Palestine Red Crescent Society**

**Document prepared by Mr Pär Stenbäck, Independent Monitor,
Minister HC**

Nairobi, November 2009

The Mandate of the Monitor

In June 2007, Minister (Hon.) Pär Stenbäck accepted a request from the International Committee of the Red Cross (ICRC) and the International Federation that he monitor the implementation of the November 2005 Memorandum of Understanding (MOU) and Agreement on Operational Arrangements (AOA) between the Palestine Red Crescent Society (PRCS) and Magen David Adom in Israel (MDA) by recording and reporting on progress towards implementation.

Following the report given by Mr. Stenbäck (the Monitor) to the Council of Delegates in November 2007, the Council of Delegates adopted a resolution stipulating that the monitoring of the implementation of the MOU be strengthened and that a report on progress towards the full implementation of the MOU be given to the 2009 Council of Delegates, and through it to the International Conference.

In November 2007, at the 30th International Conference, the participating governments and National Societies unanimously adopted a resolution stipulating that the Conference "[s]upports the efforts by the Movement to strengthen monitoring" and called "upon the Independent monitor to report to the International Federation and the ICRC, for appropriate follow-up, on the following two topics:

- Progress towards the full implementation of the MOU, and
- Steps taken to support and strengthen the monitoring of the implementation of the MOU, as well as to support cooperation between the two National Societies".

Pursuant to the International Conference resolution, which invited "Interested National Societies to support the work of the Monitor upon the Monitor's request", the Monitor invited a representative of the American Red Cross to accompany him on missions to the region starting from September 2008. The ICRC and the International Federation continued to provide invaluable support to the Monitor as did the Finnish Red Cross by assigning its legal advisor as assistant to the Monitor.

Pursuant to his mandate, the Monitor has visited the region nine times since the 2007 statutory meetings to meet with interlocutors from both National Societies as well as with relevant governmental and non-governmental actors.

The general environment

Since the signing of the present agreements in November 2005, considerable changes have taken place in the Middle East's political and humanitarian environment. Both separately and taken together, they have, without doubt, adversely influenced implementation.

The conflict in Israel and Lebanon in 2006, and especially the conflict in and surrounding the Gaza Strip in 2008/2009 created operational strains on the two Societies. The suffering of thousands of civilians affected the hitherto fairly business-like and cooperative relationship between MDA and the PRCS. Notwithstanding the negative impact of the Gaza conflict upon their relationship, it must be observed that the Report of the United Nations Fact-Finding Mission on the Gaza Conflict (Goldstone Report) of September 2009 notes that MDA defended the integrity of PRCS operations and personnel during the conflict.

Political changes have also adversely impacted implementation. Three different Israeli governments have been in power since signature of the agreements in 2005 and MDA's lobbying of the Israeli authorities has been affected by government reshuffles and the advent of a new coalition. Similarly, four Palestinian administrations have been in power

since the signature of the agreements. The former administration of the United States of America was strongly engaged in the promotion of the agreements in 2005 as well as in their implementation in the run up to the 30th International Conference in 2007, which coincided with the then ongoing "Annapolis" peace process between the Israelis and Palestinians. Initiatives of the new US administration in office since January 2009 may influence the implementation process at a later stage.

Taken together, all these developments have resulted in intermittent engagement by states and other actors relevant to the process.

Full implementation of the MOU and AOA has thus not been possible despite efforts of the two Societies. In previous reports, the Monitor stressed the link between implementation and the prevailing political climate. The Societies do not operate in a vacuum. Implementation is taking place under extraordinary circumstances, dominated by Israeli security concerns on the one hand, and a longstanding Palestinian frustration with a 42-year long history of occupation on the other. Progress in implementation often requires solutions that accommodate both of these concerns.

Geographical scope of activities of the two National Societies

The MOU stipulates that PRCS and MDA will commit to operate in conformity with the legal framework applicable to the Palestinian territory occupied by Israel in 1967, including the Fourth Geneva Convention of 1949 on the Protection of Civilian Persons in Time of War. It further stipulates that PRCS is the authorized National Society in the Palestinian territory, and that this territory is within the geographical scope of the operational activities and of the competencies of PRCS. The Societies agree to conduct their activities in accordance with the provisions of resolution 11 of the 1921 International Conference. Additionally, MDA commits to ensure that it will not have any chapters outside the internationally recognised borders of the State of Israel.

As noted in the Monitor's report to the Council of Delegates in 2007, and in his two subsequent interim reports, the two Societies agreed on a process to fulfil these commitments: MDA would gradually transfer the responsibility for the emergency medical services in the settlements to the local authorities or other entities. As mentioned in the 2007 monitoring report, this is one of the possible ways to respect the Movement Statutes and Rules, and at the same time not undermine emergency medical services to persons living in settlements.

In order to honour its understanding with PRCS, MDA began the contractual transfer of the services to the local authorities or other entities. This was to be followed by the modification of the ambulances' appearance and the medical staff's uniforms, so that they would not bear identical markings as MDA's vehicles and personnel. As per the understanding between the two Societies, only when both steps would have been fulfilled could the provisions of the MOU on geographical scope be considered as implemented.

Since 2007, MDA has progressed with the transfers; in his March 2009 interim report, the Monitor noted that MDA had confirmed the transfer of legal responsibility for 11 out of 89 (i.e. 12%) of MDA's ambulances operating in areas within the PRCS geographical scope of activities. In November 2009, MDA informed the Monitor that it had transferred over 90% of its ambulances to local authorities or other entities. The Monitor expects that the remaining ambulances will be transferred promptly.

With regard to the second step of the process (i.e., modification of the appearance of the ambulances and uniforms), the Monitor can report no progress. Completion of this second step is necessary under the agreement reached by the two Societies and also

because this change of appearance would avoid confusion with MDA ambulances in the eyes of the public.

When formally requested to provide an explanation for the reasons why it had been unable to fulfil its commitments relating to the geographical scope of activities under the MOU, MDA explained that the conflicts and tensions which affected the region in the past two years, as well as the overall changes in the political situation, had made the further implementation of the process impossible. However, MDA has reaffirmed that it remains committed to fulfil all of its obligations relating to geographic scope that are set forth in the MOU.

The PRCS has repeatedly expressed its dissatisfaction with the fact that, to date, MDA has not been able to address the issue of ambulances' appearance and therefore implement the provisions of the MOU on the geographical scope.

After noting the worries of the two Societies, the Monitor must express his serious concern for the future of the implementation process. Initially, the understanding between the Societies on how to address the commitments relating to geographic scope created the possibility of full implementation. However, if the ambulance markings are not modified, or if no other way of implementing the commitments relating to geographic scope is found, the failure to fulfil these obligations may have significant negative consequences at the 31st International Conference in 2011.

The five PRCS ambulances stationed in East Jerusalem

In the AOA, MDA committed itself to lobby and advocate towards the relevant Israeli authorities to enable access to, and stationing of PRCS ambulances at the Red Crescent Maternity Hospital in East Jerusalem, including access to other relevant medical facilities. During the November 2007 International Conference, the Israeli authorities, in a last minute decision, granted permission for five PRCS ambulances to operate from the Red Crescent Maternity hospital in East Jerusalem.

Despite the commitments made by the Israeli government in November 2007, due to Israeli security concerns these five ambulances could initially not function to their full capacity. They were only able to serve the population of East Jerusalem residing on the Jerusalem side of the West Bank barrier, and only access hospitals in East Jerusalem. The reports of the Monitor in May 2008 and March 2009 therefore noted that the ambulances were then not able to adequately serve the whole population of East Jerusalem because:

- permission for the ambulances to pick up patients residing within the boundaries of East Jerusalem, but on the other side of the West Bank barrier had not been granted, and;
- the ambulances of the PRCS were not permitted to pass the security gates of West Jerusalem hospitals.

The Monitor can now report that since June 2009, the five PRCS ambulances have been able to serve the residents of East Jerusalem, including the estimated 60'000 who live on the other side of the West Bank barrier. This emergency medical service (EMS) also includes (generally) unimpeded access to the main referral and specialized Israeli hospitals of West Jerusalem and Hadassah Mount Scopus. This positive development has been greatly facilitated by MDA's installation of a GPS system in the five PRCS ambulances.

As agreed between the PRCS and the Israeli authorities, the five ambulances continue to be operated by a mix of PRCS staff from the West Bank and East Jerusalem. The current number of West Bank PRCS staff with work permits for the five PRCS ambulances is 29. The number is expected to return to 32 upon the Israeli government's approval of three new West Bank staff members who will replace three others whose permits were not renewed by Israeli government authorities.¹

Of the 29 West Bank staff currently holding work permits, six have been granted permission to drive in Jerusalem by the Israeli authorities. Shortly after the license to operate was issued in 2007, representatives of the Ministry of Foreign Affairs agreed to expedite the provision of additional driving permissions to other PRCS staff members.

The Monitor is aware that the PRCS is expected to renew its request to the Israeli authorities to increase the number of West Bank permit holders who also have permission to drive in Jerusalem.

Since the 2007 statutory meetings, 11 new members of staff and 31 new volunteers with Jerusalem IDs have been added to the EMS roster of the Red Crescent Maternity Hospital. An additional 12 persons with Jerusalem IDs are currently in training.

As reported previously, MDA did its utmost to facilitate the process, assisting PRCS through lobbying efforts and facilitating the administrative requirements of the Israeli Ministries of Health and Transport. More significantly, MDA was key in the installation of the GPS system, which was necessary for Israeli security services to allow unimpeded access of the five PRCS ambulances across the West Bank barrier as well as to Israeli hospitals in West Jerusalem.

MDA also assisted PRCS to obtain a new short and easy-to-memorize emergency telephone number for the EMS dispatch at the Red Crescent Maternity Hospital in East Jerusalem.

Legal and political barriers to full technical cooperation between the respective EMS dispatches of MDA and PRCS in Jerusalem exist. Reducing such barriers will ultimately have a positive benefit on the timely provision of efficient emergency medical services.

Since 2007, the Societies have worked well together to facilitate the training of staff in order to fulfil the requirements for EMS staff. MDA has communicated to PRCS its willingness to continue supporting these efforts, including accreditation of a PRCS staff member to facilitate the MDA issuing of certificates for EMTs and drivers, as required by Israeli law.

Access through checkpoints in general

In the AOA, the Societies agreed that MDA would lobby and advocate before the relevant Israeli authorities to facilitate the operations of the PRCS EMS. The aim is to secure freedom of movement of PRCS ambulances and vehicles throughout the Palestinian territory, to gain access to all those who need urgent medical and other humanitarian services, as well as to facilitate passage of ambulances through checkpoints to bring patients to East Jerusalem and Israeli hospitals when necessary.

Many problems faced by PRCS in the operation of its emergency medical services are almost exclusively caused by checkpoints and roadblocks. The challenges faced by PRCS when transferring patients across the West Bank barrier differ somewhat from those it faces in its operations within the West Bank. The general problems caused by

¹ A total of 32 permits were originally approved in November 2007

checkpoints and roadblocks were outlined in the report of the Monitor to the Council of Delegates in 2007.

Since the 2007 statutory meetings, the PRCS has maintained and regularly updated a list of problematic checkpoints and roadblocks. Consistent with its obligations in the AOA, MDA has regularly passed this list to the relevant Israeli authorities in order to facilitate improved access through these checkpoints.

Access within the West Bank

According to the PRCS list of problematic checkpoints updated in September 2009, restrictions on the freedom of movement affecting the operation of ambulances within the West Bank have been eased by the Israeli authorities after April 2009. Prior to these recent steps, the opening or removal of a number of key checkpoints, especially around the Nablus area (e.g. opening of Shave Shameron checkpoint), had already had a positive impact on the work of the PRCS EMS. In relation to its work within the West Bank, the PRCS has confirmed to the Monitor that since 2007 an overall improvement has occurred. However, the PRCS maintains that, despite these improvements, there are still a number of areas within the West Bank where access by PRCS ambulances is very problematic (e.g., Hebron), and that overall checkpoints and roadblocks still remain a constant humanitarian concern.²

Passage across the West Bank barrier into East Jerusalem

Currently, the majority of patients crossing the West Bank barrier are transferred either through back-to-back handoffs at a checkpoint, or by one of the five PRCS ambulances stationed at the East Jerusalem Red Crescent Maternity Hospital crossing to the other side of the barrier and returning with the patient. According to PRCS, only rarely are PRCS ambulances stationed in the West Bank allowed to cross the West Bank barrier. The majority of access problems relate solely to patients or persons accompanying the patients. According to figures compiled by the EMS at the East Jerusalem Red Crescent Maternity Hospital, in October 2009 they transferred a total of 179 patients across the West Bank barrier to Jerusalem hospitals. Of these transfers, 116 were back-to-back and in 63 cases, an ambulance stationed at the Red Crescent Maternity Hospital was able to cross the West Bank barrier.

In contrast to the positive developments within the West Bank, PRCS has continued to report that its EMS regularly face problems when trying to bring patients across the West Bank barrier into Jerusalem, even in emergency cases. According to the PRCS, problems vary but almost exclusively relate to the access of patients holding West Bank IDs. Normally, Jerusalem ID holders are entitled to cross the West Bank barrier without any coordination with the responsible Israeli authorities. Jerusalem ID holders also belong within the Israeli health insurance system and therefore have the right to receive medical care in Israeli hospitals. The fact that the five PRCS ambulances stationed at the Maternity hospital and their staff have been able to move back and forth across the West Bank barrier relatively unimpeded since June 2009 has been a welcome development for patient care. In January 2009, around 85% of transfers were done back-to-back at the checkpoints coming into East Jerusalem. In October 2009, back-to-back transfers made up 65% of transfers from the West Bank.

In November 2007, the Monitor reported on new orders given and disseminated to checkpoints by Israeli authorities. It was understood that these orders were meant to

² According to the latest UN OCHA figures ("Protection of Civilians", 14-20 October 2009), there are a total of 580 remaining movement obstacles (roadblocks or checkpoints) in the West Bank. The Israeli authorities have indicated that 247 roadblocks had been removed since April 2008 (COGAT Update report, 14 October 2009).

ensure that a medically-qualified individual assessed a patient's condition in emergency cases seeking to pass through East Jerusalem checkpoints. Nevertheless, the Monitor has been informed by the PRCS of emergency cases in which access was allegedly denied or significantly delayed by persons who did not have the requisite medical qualifications. In order to confirm the functioning of the protocols for emergency cases, the assistant to the Monitor met in November 2008 with a number of Israeli authorities, and together with them toured several checkpoints allowing access into East Jerusalem. During 2009, the EMS at the East Jerusalem Maternity Hospital has transferred around 20 emergency cases per month across the West Bank barrier.

During his missions to the region, the Monitor has also repeatedly met with representatives of the Israeli Ministry of Health, Ministry for Foreign Affairs, as well as the Israeli Coordination of Government Activities in the Territories (COGAT), to discuss issues related to access across the West Bank barrier into East Jerusalem. The Monitor has also regularly visited the EMS at the Red Crescent Maternity hospital. In May 2009, the Monitor also met with representatives of hospitals in East Jerusalem, as well as NGOs focussing on medical care and following access of patients and medical staff across the West Bank barrier. In October 2009, the Monitor forwarded to Israeli authorities a number of cases prepared by PRCS that were illustrative of the difficulties faced by EMS when trying to transfer patients across the West Bank barrier. In late October 2009, the Israeli authorities responded that the vast majority of transfers of Palestinian patients through the checkpoints are achieved efficiently with no major delays.

The assessment of the Monitor is that current coordination protocols for transferring patients across the West Bank barrier are complicated, time consuming and vulnerable to disruption. In addition, there seems to be confusion about the protocols to be followed when ambulances wish to cross the West Bank barrier in emergency cases. The Monitor has been informed by PRCS of cases where allegedly the responsible Health Co-ordinator of the Israeli Coordination of Government Activities in the Territories (COGAT) has made decisions that may have put the welfare of patient at a risk, despite the repeated assurances of Israeli authorities that such decisions can only be made by qualified medical personnel. In some instances, soldiers at checkpoints do not act according to agreed procedures but make unilateral decisions affecting the welfare of patients. Furthermore, the Monitor has been unable to confirm the existence of clear and visible instructions on how soldiers are to deal with alleged emergency cases at the checkpoints allowing entrance across the West Bank barrier into Jerusalem.

It is clear that there is a need to simplify existing protocols for the transfer of patients across the West Bank barrier to East Jerusalem, to make them more predictable and reliable, and less reliant on the constant and immediate availability of specific individuals. The requisite medical expertise must also be inserted into the coordination protocols. The Monitor is hopeful that lobbying and advocacy efforts by MDA and PRCS, undertaken pursuant to the AOA, will result in positive developments.

With reference to the specific obligations of MDA set out in the AOA, the Monitor can note that MDA has honoured its commitments by actively lobbying the Israeli authorities to address the aforementioned outstanding problems. Recently, MDA suggested to the Israeli authorities that MDA compile and distribute a poster to relevant checkpoints that would identify conditions that constitute "emergencies" and would describe the types of identification carried by PRCS staff.

Patient transfers at Allenby Bridge

According to the AOA, MDA will assist PRCS by lobbying the relevant Israeli authorities to facilitate the passage of patients through the Allenby Bridge between the West Bank and Jordan.

Since the 2007 CoD report, the PRCS and the Israeli authorities have agreed to procedures which allowed for the reintroduction of fully equipped ambulances for transfers at Allenby Bridge. This is a very welcome development that improves the care of patients being transferred across the bridge. The Monitor notes that MDA was actively involved in the agreement to reintroduce the fully equipped ambulances and that it lobbied on behalf of the PRCS during the negotiations.

Current procedures in place permit only the driver of the ambulance to transfer the patient over the last 200 metres before crossing the bridge. PRCS has indicated its desire, at least for the most serious cases, that an EMT would also be allowed to ride in the ambulance up to the point of the back-to-back transfer with the Jordanian ambulance. MDA has indicated that it will relay such a request to the bridge authorities.

According to PRCS, the number of current staff members and ambulances still in service that are pre-approved by Israeli authorities for transfers at the bridge has diminished significantly. PRCS has indicated that it will seek to obtain permits for additional members of its staff and new ambulances. In line with its commitments under the AOA, MDA has stated its willingness to assist PRCS in any way it can.

As mentioned in previous reports, delays caused at the bridge relate to coordination issues between the PRCS, Israeli and Jordanian bridge authorities, as well as the Jordanian ambulances coming to the bridge. Steps have been taken to resolve the remaining issues. ICRC has assisted the National Societies by mapping out the coordination protocols. Plans exist to improve direct communication channels between ambulances involved in transfers. Pursuant to its obligations under the AOA, MDA has stated that it approached the Jordanian Red Crescent on this matter. According to MDA, the Jordanian Red Crescent has proposed to station one of its ambulances near the bridge so that all transfers could be done using JRC ambulances.

Transfer of Patients from Gaza through Erez

According to the AOA, MDA will assist PRCS through lobbying and advocacy with the relevant Israeli authorities in order to facilitate the passage of patients where necessary between the Gaza Strip and the West Bank. The Monitor's work has focussed on how the PRCS and MDA can assist the Palestinian MoH in patient transfers through Erez.

Both PRCS and MDA sporadically transfer patients from Erez to East Jerusalem and to other hospitals of the West Bank. Transfers by the PRCS are done with the use of one of four Red Crescent Maternity Hospital ambulances.³ PRCS is looking into how it could possibly assist the Palestinian Authority with patient transfers in a more comprehensive manner.

Cooperation between the two National Societies

Paragraph 2 of the AOA calls upon MDA and PRCS to enhance their cooperation through a variety of means such as establishing systems that facilitate communications between the two Societies, holding joint and reciprocal trainings, and engaging in programs designed to promote respect of the medical mission, and IHL.

³ These four ambulances are different from the five PRCS ambulances. The Maternity Hospital's own ambulances do not carry PRCS markings and operate under a normal Israeli licence. Unlike the PRCS ambulances, the freedom of movement of these four ambulances within Israel is not restricted to Jerusalem.

While the conflict in Gaza and Israel in December 2008 and January 2009 understandably impacted the willingness and ability of both National Societies to cooperate as envisioned in Paragraph 2 of the AOA, the periods of time before and after the conflict have seen some examples of this cooperation:

- Each society continues to communicate with the other on operational matters such as coordinating ambulance responses;
- MDA, together with PRCS, organized two equivalency verification workshops for PRCS ambulance personnel operating in Jerusalem;
- PRCS personnel participated in a MDA disaster response training program;
- MDA and PRCS personnel have jointly participated in earthquake preparedness training; other National Societies as well as the International Federation have expressed a willingness to facilitate similar joint training exercises;
- MDA has extended invitations to PRCS youth to join MDA youth events and camps;
- MDA and PRCS have committed to jointly participate in an international trauma life support (ITLS) course organized by PRCS;
- Both Societies include IHL and the Fundamental Principles in the training of their staff and volunteers (including youth;) PRCS also organizes special IHL workshops for their public.

In the view of the Monitor, the leadership of both Societies has expressed a sincere desire to increase cooperation between the Societies. However, barriers to cooperation remain. MDA is restricted by Israeli law from travelling to the Palestinian-controlled areas of the West Bank and many PRCS staff do not possess permits to travel to Israel. Further, operational priorities sometimes pre-empt cooperation programs such as joint training.

The two National Societies have failed to hold monthly Liaison Committee Meetings as required by the AOA. Such meetings are necessary to solve ongoing coordination problems and participation should be undertaken by several representatives of each National Society, a rule to which PRCS has adhered to a greater extent than MDA in the Progress Assessment Meetings convened by the Monitor during his missions to the region.

Provided the external political environment remains conducive to cooperation, the Monitor expects cooperation between the two Societies – both in terms of the number of personnel and the number of initiatives – to increase. Such cooperation has already been facilitated by the ICRC and some National Societies. The Monitor calls upon the ICRC to continue such facilitation and encourages National Societies to do the same. The International Federation is also encouraged to facilitate cooperation by establishing a delegation in Israel.

Combating misuse of the emblems

The MOU and the AOA both contain references to emblem issues. In the MOU, both Societies commit to work to end any misuse of the emblem. In the AOA, the Societies commit to engage in awareness-raising programmes that will promote respect for the emblems by weapons carriers, the general public and decision makers.

Both Societies have been involved in legislative efforts to improve laws and regulations on the use of emblems.

The MDA law is being amended, commensurate with the signing and ratification by Israel of the Third Additional Protocol to the Geneva Conventions of 1949 in 2006/2007, and the revisions to the Statutes of the Movement approved in June 2006. In 2007, MDA participated in a parliamentary hearing in connection with the amendment. The amendment of the law is yet to be finalised. The MDA has indicated its willingness to intervene in cases of misuse of the emblems whenever it is made aware of them.

The PRCS has been involved in drafting new legislation on the protective emblems. The suspension in the work of the Palestinian Legislative Council has caused a delay in the passing of the legislation. In March 2009, the Council of Ministers approved the emblem law and referred it to the Palestinian Authority President to adopt it by an executive decree. To date, the law has not been signed. The PRCS is closely following up on the issues. Until the legislation is passed, the PRCS has no clear legal basis to make interventions. The PRCS has sought to increase knowledge of the restrictions on the use of the emblems by holding emblem seminars/workshops for the general public, Palestinian Authority security personnel, and university students in the Gaza Strip.

Conclusion

In order to facilitate the negotiations of the Third Additional Protocol to the 1949 Geneva Conventions, and to pave the way for full membership of MDA and the PRCS, the two Societies signed in November 2005 the Memorandum of Understanding. Pursuant to the text of the MOU, the Societies also signed the Agreement on Operational Arrangements with the aim of facilitating the practical side of the work of the PRCS.

Four years after the signing of the aforementioned agreements, the Monitor is especially concerned with the slow progress in the implementation of the MOU. The Monitor stresses how important it is that MDA does its utmost to fulfil its obligations under the MOU. In the future, MDA must take additional steps so that satisfactory progress in the implementation of the MOU is achieved.

In relation to the AOA, it is clear to the Monitor that MDA has fulfilled its commitment to advocate and lobby on behalf of the PRCS. While formally the AOA does not require positive results on the ground, the Monitor can note that since the 2007 statutory meetings, improvements have occurred. Although it took a significant amount of time, the five PRCS ambulances in East Jerusalem are now operational, and since June 2009 have been able to serve patients in East Jerusalem on both sides of the West Bank barrier and access all hospitals in Jerusalem. Apart from Hebron, movement of PRCS ambulances within the West Bank has improved, even though numerous movement obstacles still remain. Nevertheless, the Monitor recognizes that more advocacy and lobbying efforts are needed in order to improve patient transfers, especially from the West Bank into Jerusalem.

The Monitor expects both Societies to do more so that broader institutionalised co-operation between them is achieved on a professional level, especially in disaster preparedness. National Societies of the region are encouraged to engage more with MDA to this end. National Societies must be prepared to respond together if the region is hit by a larger natural disaster. The humanitarian mandate of the Red Cross and Red Crescent Movement obligates all of its members to work together in times of crisis when concerted humanitarian action is necessary to alleviate human suffering.

The Monitor commends the Societies for their willingness to work together constructively. Both Societies have indicated to the Monitor that they believe that the monitoring of the MOU and AOA should continue. The Monitor agrees that progress in the implementation of the MOU and AOA is facilitated by the monitoring process.

MDA and PRCS both recognise that the next two years are critical for implementation of the MOU. The major outstanding issues need to be resolved by the statutory meetings of 2011. According to the Monitor, over the next two years, the monitoring should be streamlined and focus more particularly on the implementation of the MOU. The Monitor welcomes constructive action by the Council of Delegates in this regard.

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